

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005029

Entity Name: FISH & WILDLIFE FOUNDATION OF FLORIDA, INC.**Current Principal Place of Business:**620 S MERIDIAN ST
TALLAHASSEE, FL 32399-1600**Current Mailing Address:**P.O. BOX 11010
TALLAHASSEE, FL 32302**FEI Number:** 59-3277808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRADFORD, JAMES W
620 S MERIDIAN ST
TALLAHASSEE, FL 32399-1600 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title S
Name PARKER, CONNIE
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302

Title PRESIDENT/CEO
Name WALKER, ANDREW
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302

Title VC
Name ALFONSO, CARLOS
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302

Title VC
Name FARRIOR, PRESTON
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302

Title COO
Name BRADFORD, JAMES W
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302

Title CHAIRMAN
Name CORBETT, RICHARD
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302

Title TREASURER
Name BARCO, KATHY
Address P.O. BOX 11010
City-State-Zip: TALLAHASSEE FL 32302

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES W. BRADFORD

COO

04/09/2020

Electronic Signature of Signing Officer/Director Detail_____
Date