


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90113 001 ***140.00

DOCUMENT # 720685 1. Entity Name FLORIDA WILDLIFE FEDERATION	
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Principal Place of Business 2545 BLAIRSTONE PINES DR. P.O. BOX 6870 TALLAHASSEE, FL 32314	Mailing Address 2545 BLAIRSTONE PINES DR. P.O. BOX 6870 TALLAHASSEE, FL 32314
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66000257



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1398265	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MENDELSON, ROBERT 815 E. PARK AVENUE TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FULLER, MANLEY 2545 BLAIRSTONE PINES TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD STANLEY, LINDA 5665 SUMMIT BLVD WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD MIDDLEMAS, ROB P.O. BOX 193 LYNN HAVEN, FL 32444 <i>George Tanner Box 110430 Gainesville, FL 32611</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD VANEK-DASOVICH, ANN 489 W. DAVIS BLVD. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD OHARA, STEVE 1061 HOLLY LANE JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Manley K. Fuller **Manley K. Fuller** 1-16-08 850-656-7113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #