

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90014 020 ****61.25

DOCUMENT # 724991
 1. Entity Name
FLORIDA WILDLIFE FEDERATION ENDOWMENT, INC.



Principal Place of Business Mailing Address
 2545 BLAIRSTONE PINES DR. 2545 BLAIRSTONE PINES DR.
 P.O. BOX 6870 P.O. BOX 6870
 TALLAHASSEE, FL 32314 TALLAHASSEE, FL 32314



01262004 No Chg-NP CR2E037 (10/03)

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4. FEI Number Applied For
59-2738598 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | CD |
| NAME | BROCK, VIRGINIA |
| STREET ADDRESS | 311 OLD MAGNOLIA RD. |
| CITY-ST-ZIP | CRAWFORDVILLE, FL 32327 |
| TITLE | P |
| NAME | FULLER, MANLEY |
| STREET ADDRESS | 2545 BLAIRSTONE PINES |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | VCD |
| NAME | REID, BOB |
| STREET ADDRESS | 113 DAVIS DR. |
| CITY-ST-ZIP | NICEVILLE, FL 32578 |
| TITLE | VCD |
| NAME | ARLINE, TERRELL Franklin Adams |
| STREET ADDRESS | 3205 BRENTWOOD WAY 761 15th St. NW |
| CITY-ST-ZIP | TALLAHASSEE, FL 32309 Naples, FL 34120 |
| TITLE | VCD |
| NAME | WEBSTER, MICHAEL |
| STREET ADDRESS | 1658 GERALDINE DRIVE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32205 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, III (850) 656-7113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Feb. 3, 2004