

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90036 009 \*\*\*\*70.00

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01112005 No Chg-NP CR2E037 (10/03)

**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

**DO NOT WRITE IN THIS SPACE**

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

**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: \_\_\_\_\_ 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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	<del>CD</del> VCD	Linda Stanley
NAME	BROCK, VIRGINIA	
STREET ADDRESS	311 OLD MAGNOLIA RD.	5665 Summit Blvd.
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	West Palm Beach FL 33415
TITLE	P	
NAME	FULLER, MANLEY	
STREET ADDRESS	2545 BLAIRSTONE PINES	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	<del>CD</del> CD	
NAME	REID, BOB	
STREET ADDRESS	113 DAVIS DR.	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	VCD	Steve O'Hara
NAME	ADAMS, FRANKLIN	
STREET ADDRESS	761 15TH ST. N.W.	1061 Holly Lane
CITY-ST-ZIP	NAPLES, FL 34120	Jacksonville, FL 32207
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, III      Manley K. Fuller, III      1-18-05      (850) 656-7113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #