


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90039 008 ****70.00

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



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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01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2738598	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 re-registering)

Filing Fee is \$61.25
Due by May 1, 2006

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	VCD STANLEY, LINDA 5665 SUMMIT BLVD WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULLER, MANLEY 2545 BLAIRSTONE PINES TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REID, ROB 113 DAVIS DR. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD OHORA, STEVE <i>O'Hara</i> 1061 HOLLY LANE JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WEBSTER, MICHAEL <i>Ann Vanek-Dasovich</i> 1666 GERALDINE DRIVE <i>489 W. Davis Blvd</i> JACKSONVILLE, FL 32205 <i>Tampa, FL 33606</i>
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 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 Fuller* *Manley Fuller, President (850) 656-7113*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/6/06