

02-19-2007 90189 001 ***140.00

66002024

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 724991

1. Entity Name
 FLORIDA WILDLIFE FEDERATION ENDOWMENT, INC.



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

Mailing Address
 2545 BLARSTONE PINES DR.
 P.O. BOX 6870
 TALLAHASSEE, FL 32314



2. Principal Place of Business - No P.O. Box #
 State, Apt. #, etc.

3. Mailing Address
 State, Apt. #, etc.

01252007 Chg-NIP CR2E037 (12/06)

City & State

City & State

4. FEI Number
 59-2738598

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

Applied For
 Not Applicable

Zip

County

Zip

County

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENDELSON, ROBERT
 815 E. PARK AVENUE
 TALLAHASSEE, FL 32301

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State
 Zip Code

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 the Corporation

DATE

Filing Fee is \$81.25
 Due by May 1, 2007

9. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE VCD
NAME STANLEY, LINDA
STREET ADDRESS 5665 SUMMIT BLVD
CITY, ST, ZIP WEST PALM BEACH, FL 33415

Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

Change
 Addition

TITLE P
NAME FULLER, MANLEY
STREET ADDRESS 2545 BLARSTONE PINES
CITY, ST, ZIP TALLAHASSEE, FL 32301

Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

Change
 Addition

TITLE CD
NAME REID, ROB
STREET ADDRESS 113 DAVENPORT
CITY, ST, ZIP MOBILE, AL 32578

Delete

TITLE VCD
NAME Rob Middleton
STREET ADDRESS P.O. Box 193
CITY, ST, ZIP Lynn Haven, FL 32444

Change
 Addition

TITLE CD
NAME OHARA, STEVE
STREET ADDRESS 1061 HOLLY LANE
CITY, ST, ZIP JACKSONVILLE, FL 32207

Delete

TITLE CD
NAME
STREET ADDRESS
CITY, ST, ZIP

Change
 Addition

TITLE VCD
NAME VANER-DASOVICH, ANN
STREET ADDRESS 489 W DAVIS BLVD
CITY, ST, ZIP TAMPA, FL 33606

Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

Change
 Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

Change
 Addition

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 addendum, with all other the empowered.

SIGNATURE: *W. Stanley* **2-15-07 (850) 656-7113**