

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

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


01-22-2008 90113 001 \*\*\*140.00

66000258



01072008 No Chg-NP CR2E037 (4/06)

**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

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	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	<del>VCD</del> <del>MIDDLEMAS, ROB</del> <del>P.O. BOX 443</del> <del>LYNN HAVEN, FL 32444</del> <i>George Tanner Box 110430 Gainesville, FL 32611</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VCD</del> CD O'HARA, STEVE 1061 HOLLY LANE JACKSONVILLE, FL 32207
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	

**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 #