

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724991

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: FLORIDA WILDLIFE FEDERATION ENDOWMENT, INC.

**Current Principal Place of Business:**

2545 BLAIRSTONE PINES DR.  
P.O.BOX 6870  
TALLAHASSEE, FL 32314

**New Principal Place of Business:**

2545 BLAIRSTONE PINES DR.  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

2545 BLAIRSTONE PINES DR.  
P.O.BOX 6870  
TALLAHASSEE, FL 32314

**New Mailing Address:**

2545 BLAIRSTONE PINES DR.  
TALLAHASSEE, FL 32301

FEI Number: 59-2738598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VCD ( ) Delete  
Name: STANLEY, LINDA  
Address: 5665 SUMMIT BLVD  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: P ( ) Delete  
Name: FULLER, MANLEY,  
Address: 2545 BLAIRSTONE PINES  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VCD ( ) Delete  
Name: TANNER, GEORGE  
Address: POB 110430  
City-St-Zip: GAINESVILLE, FL 32611

Title: VCD ( ) Delete  
Name: O'HARA, STEVE  
Address: 1061 HOLLY LANE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VCD ( ) Delete  
Name: VANEK-DASOVICH, ANN  
Address: 489 W DAVIS BLVD  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: STANLEY, LINDA  
Address: 5665 SUMMIT BLVD  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VCD (X) Change ( ) Addition  
Name: KERBER, JANICE  
Address: 16086 E. STALLION DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VCD (X) Change ( ) Addition  
Name: SCHUETTE, JAMES  
Address: 16736 94TH ST N  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANLEY K. FULLER

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date