2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

City & State

Zip

DOCUMENT # 724991

1. Entity Name

P.O.BOX 6870

Principal Place of Business

2545 BLAIRSTONE PINES DR.

2. Principal Place of Business

MENDELSON, ROBERT

815 E. PARK AVENUE

TALLAHASSEE FL 32314

Suite, Apt. #, etc.

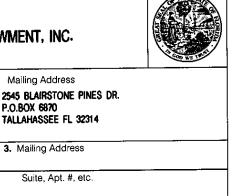
City & State

Zip

FLORIDA WILDLIFE FEDERATION ENDOWMENT, INC.

Country

6. Name and Address of Current Registered Agent



Country

Name

FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90695 001 ***131.25



TALLAHASSEE FL 32301 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change CD TITLE Virginia Brock 311 old Magnolia Rd, Crawford ville FL 32327 🗹 Delete TITLE NAME WHITE, DAVID J NAME STREET ADDRESS 1700 FAIRWAY DRIVE SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33712 TITLE Delete TITLE NAME fuller. Manley NAME STREET ADDRESS 2545 BLAIRSTONE PINES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 Addition Delete TITLE VCD TITLE NAME Brock, Virginia T NAME STREET ADDRESS 311 OLD MAGNOLIA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Addition ☐ Delete VCD TITLE Arline ARLINA, TERRELL NAME STREET ADDRESS STREET ADDRESS 3205 Brentwood way CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32309 ☐ Change ☐ Addition TITLE Delete VCD NAME Webster. Michael NAME STREET ADDRESS 1658 GERALDINE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(850) 656-7113