

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000693

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** WILDLIFE FOUNDATION OF FLORIDA MITIGATION TRUST FUNDS, INC.

**Current Principal Place of Business:**

620 S MERIDIAN ST  
TALLAHASSEE, FL 323991600

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11010  
TALLAHASSEE, FL 32302

**New Mailing Address:**

FEI Number: 27-1775845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRADFORD, JAMES W  
620 S MERIDIAN ST  
TALLAHASSEE, FL 323991600 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: D  
Name: WILEY, NICK  
Address: 620 S MERIDIAN ST  
City-St-Zip: TALLAHASSEE, FL 323991600

Title: D  
Name: HADDAD, KENNETH D  
Address: 620 S MERIDIAN ST  
City-St-Zip: TALLAHASSEE, FL 32399

Title: D  
Name: NYE, DAVID DR  
Address: 9325 SW 46 PLACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: CFO  
Name: BRADFORD, JAMES W  
Address: 620 S. MERIDIAN ST.  
City-St-Zip: TALLAHASSEE, FL 32399

I hereby 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 all other like empowered.

SIGNATURE: JAMES W. BRADFORD

CFO

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date