

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000004940

1. Entity Name
FLORIDA LEAGUE OF CONSERVATION VOTERS, INC.



Principal Place of Business
317 1/2 E. PARK AVE.
TALLAHASSEE, FL 32301

Mailing Address
P O BOX 11033
TALLAHASSEE, FL 32302

FILED
06 MAY -3 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04162006 No Chg-NP CR2E037 (11/05)

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| | |
|--|-------------------------------|
| 4. FEI Number 59-3228800 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BROWN, NANCY C
6408 STONE STREET TRAIL
TALLAHASSEE, FL 32308

**DO NOT WRITE
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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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 | P BROWN, NANCY 6408 STONE ST TRAIL TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HENDRICKSON, DAN 317 1/2 E. PARK AVE. TALLAHASSEE, FL 32301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ORR, KAREN 715 NE 2D STREET GAINESVILLE, FL 326014315 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MARTIN, BEKA 3651 CHERRY BLUFF LANE TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBINSON, FRANCINE 2501 NW 21ST AVENUE GAINESVILLE, FL 32605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARADISE, BRIAN 2831 WOOD CT. JACKSONVILLE, FL 32217 |

Handwritten signature/initials

000074510320
05/12/06--01015--007 **66.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten signatures and dates: Dan B Hendrickson, v.p. 4/16-06 850385-6160