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May 01, 2007 8:00 am
Secretary of State

05-01-2007 90033 011 ****66.25

**2007 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 32301

DO NOT WRITE IN THIS SPACE

40095666



04282007 No Chg-NP CR2E037 (4/06)

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
 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 _____ DATE _____
Signature: typed or printed name of registered agent and state full name (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

**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 authority, as empowered.

SIGNATURE: Dan Hendrickson DAN HENDRICKSON 4/28/07 850-385-6160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #