

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90023 009 \*\*\*\*66.25

<b>DOCUMENT # N93000004940</b> 1. Entity Name <b>FLORIDA LEAGUE OF CONSERVATION VOTERS, INC.</b>					
Principal Place of Business <b>317 1/2 E. PARK AVE. TALLAHASSEE, FL 32301</b>			Mailing Address <b>P O BOX 11033 TALLAHASSEE, FL 32302</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3228800</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BROWN, NANCY C 6408 STONE STREET TRAIL TALLAHASSEE, FL 32308</b>			Name <b>Rebecca Martin</b> Street Address (P.O. Box Number is Not Acceptable) <b>2904 Ivanhoe Rd</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32312</b>		
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 <b>Rebecca Martin</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>4-12-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
<input checked="" type="checkbox"/> Delete	<b>BROWN, NANCY</b>	<b>6408 STONE ST TRAIL</b>	<b>TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>President Joy Towles Ezell</b>
<input type="checkbox"/> Delete	<b>HENDRICKSON, DAN</b>	<b>317 1/2 E. PARK AVE.</b>	<b>TALLAHASSEE, FL 32301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VP Chillum Hasty</b>
<input type="checkbox"/> Delete	<b>ORR, KAREN</b>	<b>715 NE 2D STREET</b>	<b>GAINESVILLE, FL 326014315</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>27675 Kent Rd Bonita Springs, FL 34135</b>
<input type="checkbox"/> Delete	<b>MARTIN, BEKA</b>	<b>3651 CHERRY BLUFF LANE</b>	<b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	<b>ROBINSON, FRANCINE</b>	<b>2501 NW 21ST AVENUE</b>	<b>GAINESVILLE, FL 32605</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>PARADISE, BRIAN</b>	<b>2831 WOOD CT.</b>	<b>JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 #