

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002363 (9)**

1. Corporation Name

**FLORIDA LEAGUE OF CONSERVATION VOTERS EDUCATION  
FUND, INC.**

Principal Place of Business

Mailing Address

**2501 NW 21ST AVE.  
GAINESVILLE FL 32605**

**2501 NW 21ST AVE.  
GAINESVILLE FL 32605**

3. Date Incorporated or Qualified

**05/09/1994**

4. FEI Number

**59-3256652**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARADISE, BRIAN  
2831 WOOD VALLEY CT.  
JACKSONVILLE FL 32217**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>ROBINSON, FRANCINE</b>
STREET ADDRESS	<b>2501 NW 21 AVE.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>PARADISE, BRIAN</b>
STREET ADDRESS	<b>2381 WOOD VALLEY COURT</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE
NAME	<b>GRIMES, ROBERT</b>
STREET ADDRESS	<b>2755 BIAVCIERS RD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DU HENDRICKSON, DAN</b>
4.3 STREET ADDRESS	<b>3208 LANSLEY CIRCLE</b>
4.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32302</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D. JONES, Bill</b>
5.3 STREET ADDRESS	<b>40 P. ROBINSON</b>
5.4 CITY-ST-ZIP	<b>2501 N.W. 21ST AVE GAINESVILLE, FL 32607</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D. PEPE, DON</b>
6.3 STREET ADDRESS	<b>823 CEDAR ST</b>
6.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **BRIAN PARADISE** 4/10/98 (904) 127-2226

CR2E037 (10/97)