

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90165 028 \*\*\*\*61.25

DOCUMENT # N94000002363

1. Corporation Name

FLORIDA LEAGUE OF CONSERVATION VOTERS EDUCATION  
FUND, INC.

446615 - 90165 - 28

Principal Place of Business

2501 NW 21ST AVE  
GAINESVILLE FL 32605

Mailing Address

2501 NW 21ST AVE  
GAINESVILLE FL 32605



2. Principal Place of Business

21 6408 Stone St Trail

2a. Mailing Address

26 6408 Stone St Trail

3. Date Incorporated or Qualified

05/09/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3256652

Applied For

Not Applicable

City & State

23 TALLAHASSEE, FL

City & State

28 TALLAHASSEE, FL

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

Zip Country

24 32308 25

Zip Country

29 32308 30

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

PARADISE, BRIAN  
2831 WOOD VALLEY CT.  
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME ROBINSON, FRANCINE  
STREET ADDRESS 2501 NW 21 AVE  
CITY-ST-ZIP GAINESVILLE FL 32605

☒ DELETE

TITLE DT  
NAME PARADISE, BRIAN  
STREET ADDRESS 2381 WOOD VALLEY COURT  
CITY-ST-ZIP JACKSONVILLE FL 32217

☐ DELETE

TITLE DS  
NAME GRIMES, ROBERT  
STREET ADDRESS 2755 BIAVCIERS RD.  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VD  
NAME HENDRICKSON, DAN  
STREET ADDRESS 3208 LANGLEY CIR  
CITY-ST-ZIP TALLAHASSEE FL 32302

☐ DELETE

TITLE D  
NAME JONES, BILL  
STREET ADDRESS 2501 NW 21ST AVE  
CITY-ST-ZIP GAINESVILLE FL 32607

☐ DELETE

TITLE D  
NAME PEPE, DON  
STREET ADDRESS 823 CEDAR ST  
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME NANCY CADDALL BROWN  
1.3 STREET ADDRESS 6408 Stone Street Trail  
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (904) 727-2226

Date

Daytime Phone #

CR2E037 (1/98)