

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90092 021 ****66.25

DOCUMENT # N94000002363

1. Entity Name
**FLORIDA LEAGUE OF CONSERVATION VOTERS
EDUCATION FUND, INC.**



Principal Place of Business
**6408 STONE ST TRAIL
TALLAHASSEE, FL 32308**

Mailing Address
**6408 STONE ST TRAIL
TALLAHASSEE, FL 32308**

44038256



DO NOT WRITE IN THIS SPACE

04252004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3256652

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, NANCY
6408 STONE STREET TRACE
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

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, 2004**

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
**DP
SPIVEY, HELEN
940 NW 5 TER
CRYSTAL RIVER, FL 34428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CRISCOLA, KATHY
1202 CROSS CREEK WAY, UNIT 1
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COMAN, MAURICE
4984 HARP ST
JACKSONVILLE, FL 32258**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
HENDRICKSON, DAN
317 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMSON, GORDAN
1400 MORAVIA AVE
DAYTONA BEACH, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, ANITA
708 BRAGG DR
TALLAHASSEE, FL 32310**

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IN THIS SPACE**

12. 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **DAN HENDRICKSON** **4-25-04** **8503856160**