


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 P.O. BOX 972 TALLAHASSEE, FL 32302
---	--

DO NOT WRITE IN THIS SPACE

FILED
06 MAY -3 PM 4: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3256652	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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 BAILEY, SARAH 2202 BISHOP ESTATES RD JACKSONVILLE, FL 32259
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	

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 all other like empowered.

SIGNATURE:  DAN B HENDRICKSON, V.P.	Date 4-16-06	Daytime Phone # 850-385-6160
--	--------------	------------------------------