2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90033 010 ****66.25

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DOCUMENT # N94000002363

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

Principal Place of Business	Mailing Address
6408 STONE ST TRAIL TALLAHASSEE, FL 32308	P.O. BOX 972 TALLAHASSEE, FL 32302

04282007 Chg-NP CR2E037 (12/06)

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 59-3256652 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, NANCY 6408 STONE STREET TRACE TALLAHASSEE, FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SPIVEY, HELEN 940 NW 5 TER CRYSTAL RIVER, FL 34428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRISCOLA, KATHY 1202 CROSS CREEK WAY, UNIT 1 TALLAHASSEE, FL 32301	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(T) Shelia Moser 3243 Thames Dr TALLAHASSEE, FL 32309	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILEY, SARAH 2202 BISHOP ESTATES RD JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HENDRICKSON, DAN 317 EAST PARK AVENUE TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMSOM, GORDAN 1400 MORAVIA AVE DAYTONA BEACH, FL 32117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(S) Joy Ezell 12677 Josh Ezell Rd Perry, FL 32348	☐ Change ☑ 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: Dan Hendrickson DAN HENDRICKSON 4/28/07 850-385-6160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #