


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90023 008 \*\*\*\*66.25

<b>DOCUMENT # N94000002363</b> 1. Entity Name <b>FLORIDA LEAGUE OF CONSERVATION VOTERS EDUCATION FUND, INC.</b>					
Principal Place of Business <b>317 1/2 E. Park Avenue</b> <b>6408 STONE STREET TRAIL</b> <b>TALLAHASSEE, FL 32308</b>				Mailing Address <b>P.O. BOX 972</b> <b>TALLAHASSEE, FL 32302</b>	
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 <b>59-3256652</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BROWN, NANCY</b> <b>6408 STONE STREET TRACE</b> <b>TALLAHASSEE, FL 32308</b>			Name <b>Rebecca Martin</b> Street Address (P.O. Box Number is Not Acceptable) <b>2904 Ivanhoe Rd</b> City <b>Tallahassee</b> FL Zip Code <b>32312</b>		
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 <b>Rebecca Martin</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>4-20-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		<b>\$5.00</b> 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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SPIVEY, HELEN</b>		NAME		
STREET ADDRESS	<b>940 NW 5 TER</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CRYSTAL RIVER, FL 34428</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MOSER, SHELIA</b>		NAME	<b>Norene Chase</b>	
STREET ADDRESS	<b>3243 THAMES DR</b>		STREET ADDRESS	<b>405 Castleton Cir</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32309</b>		CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BAILEY, SARAH</b>		NAME		
STREET ADDRESS	<b>2202 BISHOP ESTATES RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32259</b>		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HENDRICKSON, DAN</b>		NAME	<b>Ben Fusaro</b>	
STREET ADDRESS	<b>317 EAST PARK AVENUE</b>		STREET ADDRESS	<b>379 Rob Ray Trail</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32301</b>		CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WILLIAMSOM, GORDAN</b>		NAME	<b>Francine Robinson</b>	
STREET ADDRESS	<b>1400 MORAVIA AVE</b>		STREET ADDRESS	<b>2501 NW 21st Avenue</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32117</b>		CITY-ST-ZIP	<b>GAINESVILLE, FL 32605</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>EZELL, JOY</b>		NAME	<b>Joan Altman</b>	
STREET ADDRESS	<b>12677 JOSH EZELL RD</b>		STREET ADDRESS	<b>212 Estrada St</b>	
CITY-ST-ZIP	<b>PERRY, FL 32348</b>		CITY-ST-ZIP	<b>Fernandina Beach, FL 32034</b>	
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: <b>Rebecca Martin</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>4-21-08</b> <small>Daytime Phone #</small>		