2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002363

FILED May 03, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:	
317 1/2 E P TALLAHAS	PARK AVE SEE, FL 32301		
Current Mailing Address:		New Mailing Address:	
P.O. BOX 972 TALLAHASSEE, FL 32302			
	59-3256652 FEI Number Applied For() FEI Nue with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:	' - '	
MARTIN, R 2904 IVANI TALLAHAS			
The above in the State	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,
SIGNATURE:			
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DP () Delete SPIVEY, HELEN 940 NW 5 TER CRYSTAL RIVER, FL 34428	Title: Name: Address: City-St-Zip:	()Change()Addition
Title: Name: Address: City-St-Zip:	T () Delete CHASE, NORENE 405 CASTLETON CIR TALLAHASSEE, FL 32312	Title: Name: Address: City-St-Zip:	T (X) Change () Addition ROBERTS, BETSY 3227 ASHTON RD SARASOTA, FL 34231
Title: Name: Address: City-St-Zip:	D () Delete BAILEY, SARAH 2202 BISHOP ESTATES RD JACKSONVILLE, FL 32259	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () Delete FUSARO, BEN 379 ROB RAY TRAIL TALLAHASSEE, FL 32312	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete WILLIAMSOM, GORDAN 1400 MORAVIA AVE DAYTONA BEACH, FL 32117	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SHLACKMAN, MARA 2100 S OCEAN DR #8E FT. LAUDERDALE, FL 33316
Title: Name: Address: City-St-Zip:	S () Delete ALTMAN, JOAN 212 ESTRADA ST FERNANDINA BEACH, FL 32034	Title: Name: Address: City-St-Zip:	()Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSIE CAPLOWE E D 05/03/2009