

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002363

**Entity Name:** FLORIDA LEAGUE OF CONSERVATION VOTERS EDUCATION  
FUND, INC.**FILED**  
**Feb 10, 2021**  
**Secretary of State**  
**7686042990CC****Current Principal Place of Business:**317 1/2 E PARK AVE  
TALLAHASSEE, FL 32301**Current Mailing Address:**P.O. BOX 972  
TALLAHASSEE, FL 32302**FEI Number: 59-3256652****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARTIN, REBECCA  
133 PERSIMMON RD  
SOPCHOPPY, FL 32358-0714 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DP	Title	DIRECTOR
Name	SPIVEY, HELEN	Name	FUSARO, BEN
Address	325 S. INGLIS AVE	Address	4124 COVENANT LN
City-State-Zip:	INGLIS FL 34449	City-State-Zip:	TALLAHASSEE FL 32308
Title	D	Title	ASST. SECRETARY
Name	SHLACKMAN, MARA	Name	CAPLOWE, SUSAN
Address	2100 S OCEAN DR #8E	Address	317 1/2 EAST PARK AVE
City-State-Zip:	FT. LAUDERDALE FL 33316	City-State-Zip:	TALLAHASSEE FL 32301
Title	VP	Title	DIRECTOR
Name	EZELL, JOY TOWLES	Name	ORR, KAREN
Address	12677 JOSH EZELL GRADE	Address	2546 SW 14TH DRIVE
City-State-Zip:	PERRY FL 32348-7931	City-State-Zip:	GAINESVILLE FL 32608
Title	DIRECTOR ASST. TREASURER		
Name	HENDRICKSON, DAN		
Address	PO BOX 1201		
City-State-Zip:	TALLAHASSEE FL 32302		

*I hereby 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 all other like empowered.*

**SIGNATURE: SUSAN CAPLOWE****ASSISTANT SECRETARY 02/10/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date