

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001335

FILED
Mar 28, 2011
Secretary of State

Entity Name: FRIENDS OF THE LOWER SUWANNEE AND CEDAR KEYS NATIONAL WILDLIFE REFUGES, INC.

Current Principal Place of Business:

16450 NW 31ST PLACE
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

P O BOX 1306
CHIEFLAND, FL 32644

New Mailing Address:

P O BOX 547
CEDAR KEY, FL 32625 05

FEI Number: 59-3718472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, JOAN
5239 SW CR 313
TRENTON, FL 32693 US

Name and Address of New Registered Agent:

SALAMON, GERALD L
16850 SW 136TH PLACE
CEDAR KEY, FL 32625 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: GERALD L SALAMON

03/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HALL, PEG
Address: 5123 NW 75TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: VP
Name: WILCOX, MARCIE
Address: PO BOX 775
City-St-Zip: THONOTOSASSA, FL 33592

Title: SEC
Name: HUDSON, BOB
Address: 5221 NW 119 ST
City-St-Zip: GAINESVILLE, FL 32653

Title: TREA
Name: SALAMON, GERALD
Address: PO BOX 547
City-St-Zip: CEDAR KEY, FL 32625

Title: D
Name: BUSHNELL, JAY
Address: 15639 NW 46TH LANE
City-St-Zip: CHIEFLAND, FL 32626

Title: D
Name: THALACKER, JOHN
Address: P. O. BOX 254
City-St-Zip: CEDAR KEY, FL 32625 D

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: GERALD L SALAMON

TRES

03/28/2011

Electronic Signature of Signing Officer or Director

Date