

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 762010

Entity Name: FRIENDS OF THE ARTHUR R. MARSHALL LOXAHATCHEE
NATIONAL WILDLIFE REFUGE, INC.

Current Principal Place of Business:

10216 LEE ROAD
BOYNTON BEACH, FL 33473

Current Mailing Address:

P.O. BOX 6777
DELRAY BEACH, FL 33482 US

FEI Number: 59-2152926

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PATTERSON, CATHERINE A
1241 SW 27TH PLACE
BOYNTON BEACH, FL 33426 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: CATHERINE PATTERSON

06/15/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WELLER, JOSH
Address 899 MARINA DEL RAY
 LANE 4
City-State-Zip: WEST PALM BEACH FL 33401

Title SECRETARY
Name ROWE, SUSAN
Address 44 BARRON AVENUE
City-State-Zip: LEWISTON ME 04240

Title VP
Name HENDRICKS, MICHELLE
Address 821 SW 33RD PLACE
City-State-Zip: BOYNTON BEACH FL 33435

Title TREASURER
Name CARTER, ALLYSE
Address PO BOX 4728
City-State-Zip: WEST PALM BEACH FL 33402

Title DIRECTOR
Name LURIE, DAVID
Address 6355 MILL POINTE CIRCLE
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name SCHWARTZ, STEVEN
Address 9655 ISLES CAY DR
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR, NATURE STORE
 MANAGER
Name PATTERSON, CATHERINE A
Address 1241 SW 27TH PLACE
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name SEIFER, RONALD DR.
Address 10607 SILVERTON LANE
City-State-Zip: BOYNTON BEACH FL 33437

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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: CATHERINE PATTERSON

DIRECTOR

06/15/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WALANSKY, PAUL
Address 5612 DESCARTES CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

Title ADMINISTRATIVE ASSISTANT
Name WILLIAMS, ELINOR
Address 3101 LAKEVIEW BLVD
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name CAMPBELL, HANNAH
Address 10216 LEE ROAD
City-State-Zip: BOYNTON BCH FL 33473