

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762010

Entity Name: FRIENDS OF THE ARTHUR R. MARSHALL LOXAHATCHEE
NATIONAL WILDLIFE REFUGE, INC.**FILED**
Jan 12, 2021
Secretary of State
6612487749CC**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****01/12/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name SEIFER, RONALD DR.
Address 10607 SILVERTON LANE
City-State-Zip: BOYNTON BEACH FL 33437**Title** TREASURER
Name LURIE, DAVID
Address 6355 MILL POINTE CIRCLE
City-State-Zip: DELRAY BEACH FL 33484**Title** SECRETARY
Name ROWE, SUSAN
Address 44 BARRON AVENUE
City-State-Zip: LEWISTON ME 04240**Title** DIRECTOR
Name SCHWARTZ, STEVEN
Address 9655 ISLES CAY DR
City-State-Zip: DELRAY BEACH FL 33446**Title** DIRECTOR
Name MURPHY, JULIA
Address 414 LAKE MONTEREY CR
City-State-Zip: BOYNTON BEACH FL 33426**Title** DIRECTOR
Name RADENTZ, CHRISTINE
Address 1906 19TH COURT
City-State-Zip: JUPITER FL 33417**Title** DIRECTOR
Name HENDRICKS, MICHELLE
Address 821 SW 33RD PLACE
City-State-Zip: BOYNTON BEACH FL 33435**Title** DIRECTOR
Name PATTERSON, CATHERINE A
Address 1241 SW 27TH PLACE
City-State-Zip: BOYNTON BEACH FL 33426**Continues on page 2**

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 A PATTERSON**DIRECTOR****01/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name SIMS, MARGARET
Address 1010 PARKSIDE GREEN
UNIT D
City-State-Zip: GREENACRES FL 33415

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

Title DIRECTOR
Name LONG, ROBERT
Address 2962 CALABRIA WAY
City-State-Zip: DELRAY BEACH FL 33445