

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762010

Entity Name: FRIENDS OF THE ARTHUR R. MARSHALL LOXAHATCHEE
NATIONAL WILDLIFE REFUGE, INC.**FILED**
Jan 22, 2022
Secretary of State
3113560780CC**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****01/22/2022**

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** DIRECTOR
Name CARTER, ALLYSE
Address PO BOX 4728
City-State-Zip: WEST PALM BEACH FL 33402**Title** TREASURER
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
Name PATTERSON, CATHERINE A
Address 1241 SW 27TH PLACE
City-State-Zip: BOYNTON BEACH FL 33426**Title** DIRECTOR
Name LONG, ROBERT
Address 2962 CALABRIA WAY
City-State-Zip: DELRAY BEACH FL 33445**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 PATTERSON**DIRECTOR****01/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name DIVINE, GORDON OF
Address 10216 LEE RD
City-State-Zip: BOYNTON BEACH FL 33473