

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001335

FILED
Jan 11, 2014
Secretary of State
CC5953434253

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

Current Mailing Address:

P O BOX 547
CEDAR KEY, FL 32625

FEI Number: 59-3718472

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SECRETARY
Name MCPHERSON, JOHN ESQ.
Address PO BOX 921
City-State-Zip: CEDAR KEY FL 32625

Title PRESIDENT
Name HUDSON, BOB
Address P.O. BOX 578
City-State-Zip: CEDAR KEY FL 32625

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

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

Title DIRECTOR
Name THALACKER, JOHN
Address P. O. BOX 254
City-State-Zip: CEDAR KEY 32625

Title VP
Name LANG, GREG
Address 110 NE10TH AVENUE
APT. D
City-State-Zip: GAINESVILLE FL 32601

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 SALAMON

TREASURER

01/11/2014

Electronic Signature of Signing Officer/Director Detail

Date