2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2025
Secretary of State
2393909104CC

DOCUMENT# N02000001335

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

Current Principal Place of Business:

16450 NW 31ST PL
CHIEFLAND, FL 32626

Current Mailing Address:

P O BOX 532
CEDAR KEY, FL 32625 US

FEI Number: 59-3718472

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCPHERSON, JOHN KENNETH
1122 NW 12TH AVE
GAINESVILLE, FL 32601 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: JOHN K MCPHERSON 03/25/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	THALACKER, JOHN
Address	P O BOX 532
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR
Name	MEEKS, DEBBIE
Address	P O BOX 532
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR
Name	DESJARDINS, LUKAS
Address	P O BOX 532
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR, TREASURER
Name	KEATING, CLAIR
Address	P.O. BOX 532
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR
Name	BARNEY, TARA
Address	P O BOX 532
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR
Name	BITTNER, ETHAN
Address	P O BOX 532
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR
Name	GRAY, KEN
Address	P.O. BOX 532
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR, PRESIDENT
Name	FEIBER, DENISE
Address	P.O. BOX 532
City-State-Zip:	CEDAR KEY FL 32625

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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: RON KAMZELSKI PRESIDENT 03/25/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR, IMMEDIATE PAST PRESIDENT
Name	MAHAR, GINESSA
Address	P.O. BOX 532
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR
Name	WRIGHT, SCOTT
Address	P.O. BOX 532
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR, SECRETARY
Name	TIRRELL, PETE
Address	P O BOX 532
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR, PRESIDENT-ELECT
Name	KAMZELSKI, RON
Address	P.O. BOX 532
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR
Name	PISCURA, BOB
Address	P.O. BOX 532
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR
Name	GALLUP, ROBIN
Address	P.O. BOX 532
City-State-Zip:	CEDAR KEY FL 32625