

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001335

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

**FILED**  
**Jan 13, 2018**  
**Secretary of State**  
**CC8990337130**

**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:**

CAGLE, LIBBY  
6890 WS 103RD TERR  
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: LIBBY CAGLE**

**01/13/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER  
Name MCPHERSON, JOHN ESQ.  
Address P O BOX 532  
City-State-Zip: CEDAR KEY FL 32625

Title PRESIDENT  
Name HALL, RUSS  
Address P O BOX 532  
City-State-Zip: CEDAR KEY FL 32625

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

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

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

Title PRESIDENT ELECT  
Name DUMMITT, BILL  
Address P O BOX 532  
City-State-Zip: CEDAR KEY FL 32625

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

**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: JOHN K MCPHERSON**

**TREASURER**

**01/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

Title DIRECTOR  
Name TYSON, LINDA  
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 DEHAAN, ED  
Address P O BOX 532  
City-State-Zip: CEDAR KEY FL 32625

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

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