

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001335

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

FILED
May 01, 2020
Secretary of State
5795467197CC

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
934 7TH STREET
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: JOHN K MCPHERSON

05/01/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR, SECRETARY
Name DEHAAN, ED
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 KLINE, DAN
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: JOHN K MCPHERSON

PRESIDENT

05/01/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

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

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