#### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001335

Entity Name: FRIENDS OF THE LOWER SUWANNEE AND CEDAR KEYS

NATIONAL WILDLIFE REFUGES, INC.

# Feb 10, 2013 **Secretary of State** CC7240745611

**FILED** 

# **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** Title **SECRETARY** 

Name HALL, PEG Name MCPHERSON, JOHN ESQ.

Address 5123 NW 75TH LANE Address PO BOX 921

City-State-Zip: GAINESVILLE FL 32653 City-State-Zip: CEDAR KEY FL 32625

VΡ Title **TREA** Title

Name HUDSON, BOB Name SALAMON, GERALD

Address P.O. BOX 578 Address **PO BOX 547** 

City-State-Zip: CEDAR KEY FL 32625 City-State-Zip: CEDAR KEY FL 32625

Title Title **PRESIDENT** 

Name THALACKER, JOHN Name BUSHNELL, JAY Address P. O. BOX 254 Address 15639 NW 46TH LANE

City-State-Zip: CEDAR KEY FL 32625 City-State-Zip: CHIEFLAND FL 32626

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 L SALAMON

**TREASURER** 

02/10/2013