2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2017
Secretary of State
CC2120308040

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:

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 03/22/2017

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	PRESIDENT
Name	HALL, RUSS
Address	5123 NW 75TH LANE
City-State-Zip:	GAINESVILLE FL 32653

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

Title	SECRETARY
Name	DUMMITT, BILL
Address	19101 RYE KEY DRIVE
City-State-Zip:	CEDAR KEY FL 32625

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

Title	DIRECTOR
Name	CAGLE, LIBBY
Address	6890 SW 103RD TERR
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR
Name	SGAMBATI, MARIA
Address	PO BOX 962
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR
Name	MCDANIELS, ROGER
Address	6890 SW 103RD TERRACE
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 03/22/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MAPLE, DOUG
Address	15624 SUNSET POINT
City-State-Zip:	CEDAR KEY FL 32625

Title	DIRECTOR
Name	MEEKS, DEBBIE
Address	P.O. BOX 171
City-State-Zip:	SUWANNEE FL 32692

Title	DIRECTOR
Name	VANLANDINGHAM, MARGY
Address	P.O. BOX 958
City-State-Zip:	CEDAR KEY FL 32625