

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001335

**FILED**  
**Feb 27, 2019**  
**Secretary of State**  
**0439819608CC**

**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

**02/27/2019**

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           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           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

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

**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

**PRESIDENT**

**02/27/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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