2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002969

Entity Name: FRIENDS OF ANNE KOLB NATURE CENTER, INC.

FILED
Jan 21, 2020
Secretary of State
9310964078CC

Date

Current Principal Place of Business:

751 SHERIDAN STREET HOLLYWOOD, FL 33019

Current Mailing Address:

751 SHERIDAN STREET HOLLYWOOD, FL 33019

FEI Number: 65-0922809 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWIS, JOHN 346 PALM STREET HOLLYWOOD, FL 33019 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 LEWIS 01/21/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title VP Title

NameRAWLINGS, JOANNNameGROVER, WILMA S.Address4968 SW 29TH TERRACEAddress5240 N. 31ST PLACECity-State-Zip:FORT LAUDERDALE FL 33312City-State-Zip:HOLLYWOOD FL 33021

Title DIRECTOR Title T

NameCOUTURE, CONNIENameCURTISS, MARGARETAddress614 TRAFALGAR COURTAddress1605 N. 16TH COURTCity-State-Zip:FORT LAUDERDALE FL 33004City-State-Zip:HOLLYWOOD FL 33020

Title SECRETARY Title DIRECTOR

Name HINMAN, KATHLEEN Name ROCHEZ, KAREN

Address 801 S. OCEAN DRIVE Address 3300 N. OCEAN DRIVE

APT. # 502 APT.# 2-A

City-State-Zip: HOLLYWOOD FL 33019 City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR Title DIRECTOR

Name GOOZE, LORRAINE Name BETTEX, PIERRETTE

Address 639 NW 3RD ST Address 303 E. 4TH ST.

City-State-Zip: DANIA BEACH FL 33004 City-State-Zip: DANIA BEACH FL 33004

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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: JOANN RAWLINGS VICE PRESIDENT 01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name ALHALE, ROCKELL

Address 500 S. CRESCENT DRIVE
City-State-Zip: HOLLYWOOD FL 33021