

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002969

Entity Name: FRIENDS OF ANNE KOLB NATURE CENTER, INC.**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:**RAWLINGS, JO ANN
4968 SW 29TH TERRACE
FORT LAUDERDALE, FL 33312 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:** JO ANN RAWLINGS

03/28/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name RAWLINGS, JO ANN
Address 4968 SW 29TH TERRACE
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR
Name ROCHEZ, KAREN
Address 3300 N. OCEAN DRIVE
APT.# 2-A
City-State-Zip: HOLLYWOOD FL 33019

Title PRESIDENT
Name ALHALE, ROCKELL
Address 9013 SW 55TH ST.
City-State-Zip: COOPER CITY FL 33328

Title DIRECTOR
Name CURTISS, MARGARET
Address 1605 N 16TH CT.
City-State-Zip: HOLLYWOOD FL 33020

Title SECRETARY
Name HINMAN, KATHLEEN
Address 801 S. OCEAN DRIVE
APT. # 502
City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR
Name BETTEX, PIERRETTE
Address 303 E. 4TH ST.
City-State-Zip: DANIA BEACH FL 33004

Title TREASURER
Name STRUMSKI, MARGARET ANN
Address 2640 MCKINLEY ST.
City-State-Zip: HOLLYWOOD FL 33020

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: JO ANN RAWLINGS

03/28/2024

Electronic Signature of Signing Officer/Director Detail

Date