2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008
Secretary of State

DOCUMENT# 762010

Entity Name: FRIENDS OF THE ARTHUR R. MARSHALL LOXAHATCHEE NATIONAL WILDLIFE REFUGE, INC.

Current Principal Place of Business:

10216 LEE ROAD
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

10216 LEE ROAD
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 59-2152926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POLESHUCK, JEAN
6794 MOONLIT DRIVE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NELINSON, LES MR.
Address: 10216 LEE ROAD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete
Name: MARSHALL, JOHN MR.
Address: 10216 LEE ROAD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PRES ( ) Delete
Name: BRENNER, JAY MR.
Address: 10216 LEE ROAD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete
Name: POULSON, TOM MR.
Address: 10216 LEE ROAD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete
Name: ROSENHEIM, MITCH MR.
Address: 10216 LEE ROAD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP ( ) Delete
Name: LEVOW, RUTH MS.
Address: 10216 LEE ROAD
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEAN POLESHUCK TREA 09/08/2008

Electronic Signature of Signing Officer or Director — Date