2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2015
Secretary of State
CC6694303506

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

Current Principal Place of Business:

10216 LEE ROAD
BOYNTON BEACH, FL 33473

Current Mailing Address:

P.O. BOX 6777
DELRAY BEACH, FL 33482 US

FEI Number: 59-2152926

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, ELINOR R
3101 LAKEVIEW BLVD
DELRAY BEACH, FL 33445 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: ELINOR R. WILLIAMS 02/22/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	WILLIAMS, ELINOR
Address	3101 LAKEVIEW BLVD
City-State-Zip:	DELRAY BEACH FL 33445

Title	TREASURER
Name	LURIE, DAVID
Address	9607 ISLES CAY DRIVE
City-State-Zip:	DELRAY BEACH FL 33446

Title	DIRECTOR
Name	POULSON, TOM
Address	318 MARLBERRY CIRCLE
City-State-Zip:	JUPITER FL 33458

Title	DIRECTOR
Name	EISEN, HARVEY
Address	4022 HYTHE B
City-State-Zip:	BOCA RATON FL 33434

Title	VP
Name	COLVARD, JUDY
Address	918 EVE STREET
City-State-Zip:	DELRAY BEACH FL 33483

Title	SECRETARY
Name	STEINMULLER, LINDA
Address	1264 TAMARIND WAY
City-State-Zip:	BOCA RATON FL 33486

Title	DIRECTOR
Name	LANG, ANTHONY
Address	14691 EDNA WAY
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	KRAMER, JEFF
Address	7028 DEMEDICI CIRCLE
City-State-Zip:	DELRAY BEACH FL 33446

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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: ELINOR WILLIAMS PRESIDENT 02/22/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HOROWITZ, STEVE
Address	13231 VEDRA LAKE CIRCLE
City-State-Zip:	DELRAY BEACH FL 33446

Title	DIRECTOR
Name	LARCHE, KAY
Address	4953 PALM RIDGE BLVD
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	STACEY, PAULINE
Address	1846 LINDSEY CT
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	WINOKUR, MIKE
Address	14371 EMERALD LAKE DRIVE
City-State-Zip:	DELRAY BEACH FL 33446

Title	DIRECTOR
Name	MARSHALL, JOHN
Address	525 SOUTH FLAGLER DRIVE #10C
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DIRECTOR
Name	PAREDES, JAY
Address	5154 HERON COURT
City-State-Zip:	COCONUT CREEK FL 33073

Title	DIRECTOR
Name	ROSS, WILLIAM
Address	229 CAPRI E
City-State-Zip:	DELRAY BEACH FL 33484