2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 33473

Current Mailing Address:

P.O. BOX 6777

DELRAY BEACH, FL 33482 US

FEI Number: 59-2152926 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PATTERSON, CATHERINE A 1241 SW 27TH PLACE BOYNTON BEACH, FL 33426 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: CATHERINE PATTERSON

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title TREASURER
Name SEIFER, RONALD DR. Name LURIE, DAVID

Address 10607 SILVERTON LANE Address 6355 MILL POINTE CIRCLE

City-State-Zip: BOYNTON BEACH FL 33437 City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY Title DIRECTOR

NameROWE, SUSANNameSCHWARTZ, STEVENAddress44 BARRON AVENUEAddress9655 ISLES CAY DR

City-State-Zip: LEWISTON ME 04240 City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR Title DIRECTOR

NameMURPHY, JULIANameRADENTZ, CHRISTINEAddress414 LAKE MONTEREY CRAddress1906 19TH COURTCity-State-Zip:BOYNTON BEACH FL 33426City-State-Zip:JUPITER FL 33417

Title DIRECTOR Title DIRECTOR

Name HENDRICKS, MICHELLE Name PATTERSON, CATHERINE A

Address 821 SW 33RD PLACE Address 1241 SW 27TH PLACE

City-State-Zip: BOYNTON BEACH FL 33435 City-State-Zip: BOYNTON BEACH FL 33426

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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: CATHERINE A PATTERSON

DIRECTOR

01/12/2021

FILED Jan 12, 2021

Secretary of State

6612487749CC

01/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR Name CARTER, ALLYSE Name WELLER, JOSH

PO BOX 4728 899 MARINA DEL RAY Address Address UNIT 4

City-State-Zip: WEST PALM BEACH FL 33402

City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR

DIRECTOR Title SIMS, MARGARET Name Name LONG, ROBERT

1010 PARKSIDE GREEN Address Address 2962 CALABRIA WAY UNIT D

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: GREENACRES FL 33415