

2019 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: No****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****03/03/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name PATTERSON, CATHERINE ANN
Address 1241 SW 27TH PLACE
City-State-Zip: BOYNTON BEACH FL 33426**Title** TREASURER
Name LURIE, DAVID
Address 6355 MILL POINTE CIRCLE
City-State-Zip: DELRAY BEACH FL 33484**Title** DIRECTOR
Name POULSON, TOM
Address 318 MARLBERRY CIRCLE
City-State-Zip: JUPITER FL 33458**Title** DIRECTOR
Name LEE, HARVEY
Address 5585 MUNSEL LANE
104
City-State-Zip: BOYNTON BEACH FL 33437**Title** DIRECTOR
Name PAREDES, JAY
Address 5154 HERON COURT
City-State-Zip: COCONUT CREEK FL 33073**Title** DIRECTOR
Name WINOKUR, MIKE
Address 14371 EMERALD LAKE DRIVE
City-State-Zip: DELRAY BEACH FL 33446**Title** SECRETARY
Name ROWE, SUSAN
Address 44 BARRON AVENUE
City-State-Zip: LEWISTON ME 04240**Title** VP
Name MCKELVY, JAMES PETER
Address 1295 NORTH LAKE WAY
City-State-Zip: PALM BEACH FL 33480**Continues on page 2**

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 ANN PATTERSON**PRESIDENT****03/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHWARTZ, STEVEN
Address 9655 ISLES CAY DR
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name WILLETTE, BARRY
Address 407 ASBURY WAY
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name AMANN, TIM
Address 164 CARIBE COURT
City-State-Zip: GREENACRES FL 33413

Title DIRECTOR
Name SEIFER, RON
Address 3900 WOODLAKE BLVD
#301D
City-State-Zip: GREENACRES FL 33463