2022 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

01/22/2022

FILED Jan 22, 2022

Secretary of State

3113560780CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

 Title
 PRESIDENT
 Title
 TREASURER

 Name
 WELLER, JOSH
 Name
 LURIE, DAVID

Address 899 MARINA DEL RAY Address 6355 MILL POINTE CIRCLE

LANE 4

City-State-Zip: WEST PALM BEACH FL 33401

Title SECRETARY Title DIRECTOR

Name ROWE, SUSAN SCHWARTZ, STEVEN

Address 44 BARRON AVENUE Address 9655 ISLES CAY DR

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

Name PATTERSON, CATHERINE A
Name HENDRICKS. MICHELLE

Address 821 SW 33RD PLACE

City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR

Name CARTER, ALLYSE Address 2962 CALABRIA WAY

Address PO BOX 4728 City-State-Zip: DELRAY BEACH FL 33445

City-State-Zip: WEST PALM BEACH FL 33402

Continues on page 2

City-State-Zip:

DELRAY BEACH FL 33484

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 PATTERSON

DIRECTOR

01/22/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DR Title DIRECTOR

Name SEIFER, RONALD DR. Name WALANSKY, PAUL

Address 10607 SILVERTON LANE Address 5612 DESCARTES CIRCLE

City-State-Zip: BOYNTON BEACH FL 33437 City-State-Zip: BOYNTON BEACH FL 33472

Title DIRECTOR Title DIRECTOR

Name CAMPBELL, HANNAH Name DIVINE, GORDON OF

Address 10216 LEE ROAD Address 10216 LEE RD

City-State-Zip: BOYNTON BCH FL 33473 City-State-Zip: BOYNTON BEACH FL 33473