2020 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

01/14/2020

FILED Jan 14, 2020

Secretary of State

5256034122CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

 Title
 PRESIDENT
 Title
 TREASURER

 Name
 PATTERSON, CATHERINE ANN
 Name
 LURIE, DAVID

Address 1241 SW 27TH PLACE Address 6355 MILL POINTE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33426 City-State-Zip: DELRAY BEACH FL 33484

TitleDIRECTORTitleDIRECTORNamePOULSON, TOMNameLEE, HARVEY

Address 318 MARLBERRY CIRCLE Address 5585 MUNSEL LANE

____ 104

City-State-Zip: JUPITER FL 33458 City-State-Zip: BOYNTON BEACH FL 33437

 Title
 DIRECTOR
 Title
 SECRETARY

 Name
 WINOKUR, MIKE
 Name
 ROWE, SUSAN

Address 14371 EMERALD LAKE DRIVE Address 44 BARRON AVENUE
City-State-Zip: DELRAY BEACH FL 33446 City-State-Zip: LEWISTON ME 04240

Title DIRECTOR Title DIRECTOR
Name SCHWARTZ, STEVEN

Name SCHWARTZ, STEVEN Name AMANN, TIM
Address 9655 ISLES CAY DR

Address 9655 ISLES CAY DR Address 164 CARIBE COURT

City-State-Zip: DELRAY BEACH FL 33446 City-State Zip: GREENACHES EL 334

y-State-Zip: DELRAY BEACH FL 33446 City-State-Zip: GREENACRES FL 33413

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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 ANN PATTERSON

PRESIDENT

01/14/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Name SEIFER, RON

3900 WOODLAKE BLVD #301D Address

City-State-Zip: GREENACRES FL 33463