2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2024
Secretary of State
0318564321CC

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:

KAUFMAN, STEPHEN
10380 186 CT. S.
BOCA RATON, FL 33498 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: STEPHEN KAUFMAN 02/11/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	ROWE, SUSAN
Address	44 BARRON AVENUE
City-State-Zip:	LEWISTON ME 04240

Title	DIRECTOR, NATURE STORE MANAGER
Name	PATTERSON, CATHERINE A
Address	1241 SW 27TH PLACE
City-State-Zip:	BOYNTON BEACH FL 33426

Title	DIRECTOR
Name	WALANSKY, PAUL
Address	5612 DESCARTES CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33472

Title	DIRECTOR
Name	BOUSQUET, BRAD
Address	P.O. BOX 6777
City-State-Zip:	DELRAY BEACH FL 33482

Title	PRESIDENT
Name	HENDRICKS, MICHELLE
Address	821 SW 33RD PLACE
City-State-Zip:	BOYNTON BEACH FL 33435

Title	TREASURER
Name	CARTER, ALLYSE
Address	PO BOX 4728
City-State-Zip:	WEST PALM BEACH FL 33402

Title	SECRETARY
Name	KAUFMAN, STEPHEN
Address	10380 186 CT. S.
City-State-Zip:	BOCA RATON FL 33498

Title	DIRECTOR
Name	DELISI, DANIEL
Address	520 27TH ST.
City-State-Zip:	WEST PALM BEACH FL 33407

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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: STEPHEN KAUFMAN SECRETARY 02/11/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MECHLER, SUZANNE
Address	19291 GULFSTREAM DR.
City-State-Zip:	TEQUESTA FL 33469

Title	DIRECTOR
Name	RYAN, PAUL
Address	406 EAST CORAL TRACE CIRCLE
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	GRAF, TIM
Address	1045 NW 6TH AVE
City-State-Zip:	BOCA RATON FL 33432

Title	DIRECTOR
Name	BROWN, SAM
Address	1281 N. OCEAN DR. SUITE 1
City-State-Zip:	RIVIERA BEACH FL 33404

Title	DIRECTOR
Name	JENNER, PAUL
Address	919 NE 23 TER.
City-State-Zip:	POMPANO BEACH FL 33062