2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2017
Secretary of State
CC1347653024

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:

WILLIAMS, ELINOR R
3101 LAKEVIEW BLVD
DELRAY BEACH, FL 33445 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: ELINOR R. WILLIAMS 02/22/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	WILLIAMS, ELINOR
Address	3101 LAKEVIEW BLVD
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	POULSON, TOM
Address	318 MARLBERRY CIRCLE
City-State-Zip:	JUPITER FL 33458

Title	DIRECTOR
Name	PATTERSON, CATHY
Address	1241 SW 27 PL
City-State-Zip:	BOYNTON BEACH FL 33426

Title	DIRECTOR
Name	SIEGEL, JOHN
Address	6699 VIA ROMA
City-State-Zip:	BOCA RATON FL 33446

Title	TREASURER
Name	LURIE, DAVID
Address	6355 MILL POINTE CIRCLE
City-State-Zip:	DELRAY BEACH FL 33484

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	ROSS, WILLIAM
Address	229 CAPRI E
City-State-Zip:	DELRAY BEACH FL 33484

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: ELINOR WILLIAMS PRESIDENT 02/22/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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	VALENTIN, DENISE
Address	3323 NW 69TH ST
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	DIRECTOR
Name	MCKELVY, JAMES PETER
Address	1295 NORTH LAKE WAY
City-State-Zip:	PALM BEACH FL 33480