2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# N04000008316

Entity Name: FRIENDS OF THE ASA WRIGHT NATURE CENTRE, INC.

Current Principal Place of Business:

923 SOUTHARD ST.
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

923 SOUTHARD ST.
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 01-0832520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLITENICK, RICHARD M ESQ.
1009 SIMONTON ST.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	THOMAS, ROBERT A	
Address:	6363 ST. CHARLES AVE.	
City-St-Zip:	NEW ORLEANS, LA 701186195 US	
Title:	D	( ) Delete
Name:	MEDINA, EVERARD	
Address:	66 JASMINE AVE. VICTORIA GARDENS,DIEGOMART	
City-St-Zip:	TRINIDAD & TOBAGO,, WI	
Title:	D	( ) Delete
Name:	JAMES, CAROL	
Address:	4 COCRICO ST. SAMAAN GARDENS, TRINCITY	
City-St-Zip:	TRINIDAD & TOBAGO, WI	
Title:	D	( ) Delete
Name:	KRUEGER, CHARITY	
Address:	100 AULLWOOD RD.	
City-St-Zip:	DAYTON, OH 454141129 US	
Title:	D	( ) Delete
Name:	GANNES, BRIEN D	
Address:	2 WEST VALE AVE., GLENCOE	
City-St-Zip:	TRINIDAD & TOBAGO, WI	
Title:	D	( ) Delete
Name:	SCHAEFFER, PHILIP P	
Address:	923 SOUTHARD ST.	
City-St-Zip:	KEY WEST, FL 33040 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DEGANNES, BRIEN	
Address:	2 WEST VALE AVE., GLENCOE	
City-St-Zip:	TRINIDAD & TOBAGO, WI	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHILIP P. SCHAEFFER D 01/24/2008

Electronic Signature of Signing Officer or Director — Date