

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008316

FILED
Mar 27, 2009
Secretary of State

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:

923 SOUTHARD STREET
KEY WEST, FL 33040 US

Current Mailing Address:

923 SOUTHARD ST.
KEY WEST, FL 33040 US

New Mailing Address:

923 SOUTHARD STREET
KEY WEST, FL 33040 US

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. SAMAAAN 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: DEGANNES, BRIEN
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
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/27/2009

Electronic Signature of Signing Officer or Director

Date