

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008316

FILED  
Apr 25, 2012  
Secretary of State

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

**Current Principal Place of Business:**

923 SOUTHARD STREET  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

923 SOUTHARD STREET  
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  
**Name:** THOMAS, ROBERT A  
**Address:** 6363 ST. CHARLES AVE.  
**City-St-Zip:** NEW ORLEANS, LA 701186195 US

**Title:** D  
**Name:** GOBIN, JUDITH  
**Address:** 1 HILLOCK DR, BLUE RANGE, DIEGO MARTIN  
**City-St-Zip:** TRINIDAD & TOBAGO,, WI

**Title:** D  
**Name:** JAMES, CAROL  
**Address:** 4 COCRICO ST. SAMAAAN GARDENS, TRINCITY  
**City-St-Zip:** TRINIDAD & TOBAGO, WI

**Title:** D  
**Name:** KRUEGER, CHARITY  
**Address:** 100 AULLWOOD RD.  
**City-St-Zip:** DAYTON, OH 454141129 US

**Title:** D  
**Name:** SCHAEFFER, PHILIP  
**Address:** 923 SOUTHARD ST.  
**City-St-Zip:** KEY WEST, FL 33040 US

**Title:** D  
**Name:** RISK, MICHAEL  
**Address:** 3511 BARLEY MILL RD  
**City-St-Zip:** HOCKESSIN, DE 19707 US

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:** PHILIP P SCHAEFFER

D

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date