

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010433

**Entity Name:** KEY WEST WILDLIFE CENTER INC.

**Current Principal Place of Business:**

1801 WHITE STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

P.O. BOX 2297  
KEY WEST, FL 33045

**FEI Number:** 27-1565877

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SWEETS, TOM  
1424 NEWTON STREET  
APARTMENT C  
KEY WEST, FL 33040 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BRITTIN, DEBRA  
Address 21 ALLAMANDA TERRACE  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name WESTBROOK, ELLEN  
Address 2924 FOGARTY AVE  
City-State-Zip: KEY WEST FL 33040

Title PRESIDENT  
Name LOPES, JENNIFER J  
Address 205 TELEGRAPH LANE  
City-State-Zip: KEY WEST FL 33040

Title VP  
Name HEWETT, JAQUELINE  
Address 410 LOUISA STREET  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name BRATTON, KATHLEEN  
Address 1107 KEY PLAZA #447  
City-State-Zip: KEY WEST FL 33040-4077

Title DIRECTOR  
Name MCNEIL, DIANE  
Address 25 SUNSET KEY DRIVE  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name SMITH, BETSY  
Address P.O. BOX 483  
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR  
Name PORTER, STEPHEN  
Address 503 NOAH LANE  
City-State-Zip: KEY WEST FL 33040

**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:** TOM SWEETS

**EXECUTIVE DIRECTOR**

**06/09/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PORTER , FRANCES  
Address 503 NOAH LANE  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name GARDNER, JANE  
Address 410 CATHERINE STREET  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name ROTH, MICHAEL  
Address 620 SOUTHARD STREET  
City-State-Zip: KEY WEST FL 34040

Title DIRECTOR  
Name BAKER, JAIME  
Address 139 A PEARY COURT  
City-State-Zip: KEY WEST FL 33040