

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010433

**Entity Name:** KEY WEST WILD BIRD 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  
618 ASHE STREET  
APT RR  
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 DP  
Name SWEETS, TOM  
Address 618 ASHE STREET APT RR  
City-State-Zip: KEY WEST FL 33040

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

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

Title D  
Name GOODWIN, SARAH  
Address 2404 SEIDENBURG AVE  
City-State-Zip: KEY WEST FL 33040

Title D  
Name COONTZ, MARY  
Address 1801 WHITE STREET  
City-State-Zip: KEY WEST FL 33040

*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**

**02/18/2013**

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

\_\_\_\_\_  
Date