

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010433

**FILED**  
**Apr 05, 2017**  
**Secretary of State**  
**CC1841738925**

**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  
1304 ELIZABETH STREET  
COTTAGE APT.  
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           SWEETS, TOM  
Address        618 ASHE STREET APT RR  
City-State-Zip: KEY WEST FL 33040

Title           PRESIDENT  
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

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

Title           DIRECTOR  
Name           HODGE, NICOLA  
Address        1028 MITSCHER DRIVE  
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**

**04/05/2017**

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

\_\_\_\_\_  
Date