

2015 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
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	MASAT, FRANCIS E
Address	2102 STAPLES AVENUE
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	JOHNSON, DIANE
Address	17177 BONITA LANE WEST
City-State-Zip:	SUGARLOAF FL 33042

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****01/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date