2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2018
Secretary of State
CC3846652791

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	SWEETS, TOM
Address	1424 NEWTON STREET APT. C
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	COONTZ, MARY
Address	1801 WHITE STREET
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	HODGE, NICOLA
Address	1028 MITSCHER DRIVE
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	GOODWIN, SARAH
Address	2404 SEIDENBURG AVE
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	CRAIG, SHANE W
Address	1095 DEWEY ROAD B
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 04/12/2018

Electronic Signature of Signing Officer/Director Detail — Date