

2017 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
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