

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90098 024 ****61.25

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01252005 No Chg-NP CR2E037 (10/03)

DOCUMENT # N02000005506
 1. Entity Name
THE SAM AND CHRISTINE TROPHIA BUTTERFLY RESEARCH AND EDUCATION CENTER, INC.



Principal Place of Business Mailing Address
 1316 DUVAL STREET 1316 DUVAL STREET
 KEY WEST, FL 33040 KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0000023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARMAN, GUY
 4747 HOLLYWOOD BLVD. #274
 HOLLYWOOD, FL 33021

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, name and address of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-appointing)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D LYNCH, KEITH O JR 2437 HARRIS AVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY ST ZIP	D TROPHIA, SAM SR 712 MASSENA AVENUE ROME, NY 13440 <i>deceased</i>
TITLE NAME STREET ADDRESS CITY ST ZIP	D ANDREWS, LAKE 1112 MARGARET ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY ST ZIP	D WOODS, SANDY P.O. BOX 1086 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY ST ZIP	D LYNCH, NORA 2437 HARRIS AVENUE KEY WEST STREET, FL 33040
TITLE NAME STREET ADDRESS CITY ST ZIP	D WESTERLUND, MARY ANN 907 WASHINGTON STREET KEY WEST, FL 33040

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nora Lynch* Date: 7/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing