

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 26, 2006
Secretary of State**

DOCUMENT# N02000005506

Entity Name: THE SAM AND CHRISTINE TROPHIA BUTTERFLY RESEARCH AND EDUCATION CENTER, INC.

Current Principal Place of Business:

1316 DUVAL STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1316 DUVAL STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-0000023 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GARMAN, GUY
4747 HOLLYWOOD BLVD. #274
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYNCH, KEITH O JR
Address: 2437 HARRIS AVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: ANDREWS, LAKE
Address: 1112 MARGARET ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: WOODS, SANDY
Address: P.O. BOX 1086
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Delete
Name: LYNCH, NORA
Address: 2437 HARRIS AVENUE
City-St-Zip: KEY WEST STREET, FL 33040

Title: D (X) Delete
Name: WESTERLUND, MARY ANN
Address: 907 WASHINGTON STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRAY, DAVID
Address: 1204-1206 DUNCAN STREET
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WESTERLUND, MARY ANN
Address: 907 WASHINGTON STREET
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAKE ANDREWS

V-P

07/26/2006

Electronic Signature of Signing Officer or Director

_____ Date