

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005506

FILED
Jun 30, 2009
Secretary of State

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:

PO BOX 6623
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: BRAY, DAVID
Address: 1204-1206 DUNCAN STREET
City-St-Zip: KEY WEST, FL 33040

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

Title: D () Delete
Name: STEPHENS, RICHARD T
Address: 1424 VON PHISTER ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SULLIVAN, SUZANNE
Address: 1210 WATKINS ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: OLSON, JAMES
Address: 1401 TROPICAL ST.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: RICHARD T. STEPHENS

Electronic Signature of Signing Officer or Director

MR.

06/30/2009

Date