

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005506

FILED
Jan 17, 2012
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 ()**

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
Name: BRAY, DAVID
Address: 721 F WINDSOR LANE
City-St-Zip: KEY WEST, FL 33040

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

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

Title: D
Name: MARCHAK, CHERRE
Address: 1423 WASHINGTON ST
City-St-Zip: KEY WEST, FL 33040

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

Title: D
Name: TROPHIA, SAM
Address: 1108 SOUTH STREET
City-St-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: RICHARD STEPHENS

MR.

01/17/2012

Electronic Signature of Signing Officer or Director

Date