

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010263

FILED
Feb 25, 2009
Secretary of State

Entity Name: KEY WEST WILDLIFE CENTER, INC.

Current Principal Place of Business:

1801 WHITE STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1801 WHITE STREET
KEY WEST, FL 33040

New Mailing Address:

PO BOX 2297
KEY WEST, FL 33045 22

FEI Number: 26-3667302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUFLER, CRAIG L
1801 WHITE STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

SCHUFLER, CRAIG L
271 AZALEA ST
TAVERNIER, FL 33070 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:

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHAUFLE, CRAIG L
Address: 271 AZALEA ST.
City-St-Zip: TAVERNIER, FL 33070

Title: S () Delete
Name: GRINTER, KELLY C
Address: 1 KNIGHTS KEY BLVD.
City-St-Zip: MARATHON, FL 33050

Title: T () Delete
Name: ALVITE, NORA
Address: 99 ORANGE LANE #1
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: BRITTIN, DEBRA
Address: 21 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: T (X) Change () Addition
Name: UPTEGREVE, KATHY
Address: 500 TRUMAN ANNEX #B
City-St-Zip: KEY WEST, FL 33040

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: CRAIG SCHAUFLE

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date