

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010433

Entity Name: KEY WEST WILDLIFE CENTER INC.

Current Principal Place of Business:

1801 WHITE STREET
KEY WEST, FL 33040

Current Mailing Address:

P.O. BOX 2297
KEY WEST, FL 33045

FEI Number: 27-1565877

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SWEETS, TOM
709 PEARL STREET
APT. 201
KEY WEST, FL 33040 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BRITTIN, DEBRA
Address 21 ALLAMANDA TERRACE
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name WESTBROOK, ELLEN
Address 2924 FOGARTY AVE
City-State-Zip: KEY WEST FL 33040

Title PRESIDENT
Name LOPES, JENNIFER J
Address 205 TELEGRAPH LANE
City-State-Zip: KEY WEST FL 33040

Title VP
Name HEWETT, JAQUELINE
Address 410 LOUISA STREET
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name BRATTON, KATHLEEN
Address 1107 KEY PLAZA #447
City-State-Zip: KEY WEST FL 33040-4077

Title DIRECTOR
Name MCNEIL, DIANE
Address 25 SUNSET KEY DRIVE
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name SMITH, BETSY
Address P.O. BOX 483
City-State-Zip: KEY WEST FL 33041

Title DIRECTOR
Name PORTER, STEPHEN
Address 503 NOAH LANE
City-State-Zip: KEY WEST FL 33040

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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: JENNIFER LOPES

PRESIDENT

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PORTER , FRANCES
Address 503 NOAH LANE
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name GARDNER, JANE
Address 410 CATHERINE STREET
City-State-Zip: KEY WEST FL 33040