


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # C10007

1. Entity Name
SAINT PAUL'S PROTESTANT EPISCOPAL CHURCH OF KEY WEST, FLORIDA



Principal Place of Business 401 DUVAL ST. KEY WEST, FL 33040	Mailing Address C/O HARRY F KNIGHT 1016 FLAGLER AVE. KEY WEST, FL 33040 US
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2368463	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, HARRY F.
 1016 FLAGLER AVENUE
 KEY WEST, FL 33040

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000112964
 04/14/04-80044-005 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CURRY, RONALD
STREET ADDRESS	401 DUVAL ST.
CITY - ST - ZIP	KEY WEST, FL 33040
TITLE	VP
NAME	WALTERSON, TOMMY
STREET ADDRESS	401 DUVAL ST
CITY - ST - ZIP	KEY WEST, FL 33040
TITLE	D
NAME	HAMMOND, JR., CHARLES
STREET ADDRESS	401 DUVAL ST.
CITY - ST - ZIP	KEY WEST, FL 33040
TITLE	DS
NAME	BRADFORD, DEBBIE
STREET ADDRESS	401DUVAL ST
CITY - ST - ZIP	KEY WEST, FL 33040
TITLE	D
NAME	BLACKWELL, CAROLYN
STREET ADDRESS	401 DUVAL ST
CITY - ST - ZIP	KEY WEST, FL 33040
TITLE	D
NAME	BLAND, KEITH
STREET ADDRESS	401 DUVAL ST
CITY - ST - ZIP	KEY WEST, FL 33040

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **HARRY F. KNIGHT**

 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #