2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002
Secretary of State

DOCUMENT# C10007

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

Current Principal Place of Business:

401 DUVAL ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

C/O HARRY F KNIGHT
1016 FLAGLER AVE.
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 59-2368463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KNIGHT, HARRY F.
1016 FLAGLER AVENUE
KEY WEST, FL 33040 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:	RICHARDSON, JAMES DR	
Address:	1402 SOUTH STREET	
City-St-Zip:	KEY WEST, FL 33040	
Title:	D	( ) Delete
Name:	FOWLER, SARAH	
Address:	401 DUVAL ST	
City-St-Zip:	KEY WEST, FL 33040	
Title:	D	( ) Delete
Name:	FARNED, THOMAS S	
Address:	3538 FLAGLER AVE	
City-St-Zip:	KEY WEST, FL 33040	
Title:	DS	( ) Delete
Name:	RASMUS, BRENDA	
Address:	415 DUVAL ST	
City-St-Zip:	KEY WEST, FL 33040	
Title:	D	( ) Delete
Name:	BLACKWELL, CAROLYN	
Address:	401 DUVAL ST	
City-St-Zip:	KEY WEST, FL 33040	
Title:	D	( ) Delete
Name:	BLAND, KEITH	
Address:	401 DUVAL 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:	DS	(X) Change ( ) Addition
Name:	BRADFORD, DEBBIE	
Address:	401DUVAL ST	
City-St-Zip:	KEY WEST, FL 33040	
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 for the exemption stated in Section 119.07(3)(i), 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: DR. JAMES RICHARDSON D 07/30/2002

Electronic Signature of Signing Officer or Director — Date

TONY WALTERSON, DIRECTOR
401 DUVAL STREET
KEY WEST, FL 33040

CHARLES HAMMOND, JR. , DIRECTOR
401 DUVAL STREET
KEY WEST, FL 33040