

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**



04062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY F. KNIGHT

Date

Daytime Phone #