2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007
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:

401 DUVAL STREET
KEY WEST, FL 33040 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

FELDMAN KOENIG & HIGHSMITH, P.A.
3158 NORTHSIDE DRIVE
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:	DP	( ) Delete
Name:	HIGHSMITH, KERRY L	
Address:	401 DUVAL ST.	
City-St-Zip:	KEY WEST, FL 33040	
Title:	D	( ) Delete
Name:	WILT, DAVID	
Address:	401 DUVAL ST	
City-St-Zip:	KEY WEST, FL 33040	
Title:	D	( ) Delete
Name:	PITA, PHYLLIS	
Address:	401 DUVAL ST.	
City-St-Zip:	KEY WEST, FL 33040	
Title:	DS	( ) Delete
Name:	EYER, DAVID	
Address:	401DUVAL 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:	WHITLEY, LEONARD	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: KERRY HIGHSMITH DP 02/23/2007

Electronic Signature of Signing Officer or Director — Date