# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2012**
**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:**

P O BOX 1014
KEY WEST, FL 33041 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:**

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
Name: HOOPER, LARRY
Address: 401 DUVAL ST.
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: ANNICELLI, MARK
Address: 401 DUVAL ST
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: WOODS, SUSANNE
Address: 401 DUVAL ST.
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: HIGHSMITH, ROBERT
Address: 401 DUVAL ST
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: COLES, WENDY
Address: 401 DUVAL ST
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: WILKINSON, SEABROOK
Address: 401 DUVAL ST
City-St-Zip: KEY WEST, FL 33040

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: SHERRI MOORE MS 04/23/2012

Electronic Signature of Signing Officer or Director — Date