

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003445

**FILED**  
**Jun 05, 2020**  
**Secretary of State**  
**2264596168CC**

**Entity Name:** KEY WEST UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

600 EATON STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

600 EATON STREET  
KEY WEST, FL 33040

**FEI Number: 65-0491014**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SPOTTSWOOD, WILLIAM B  
500 FLEMING STREET  
KEY WEST, FL 33040 US

*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

**Officer/Director Detail :**

Title TRUSTEE  
Name PESCHKE, JERRY  
Address 1800 ATLANTIC BLVD.  
APT. A408  
City-State-Zip: KEY WEST FL 33040

Title CHAIRMAN  
Name CALLEJA, JOHN DR.  
Address 1404 PETRONIA ST.  
City-State-Zip: KEY WEST FL 33040

Title PASTOR  
Name HILL, TERESA L. REV.  
Address 411 SIMONTON  
City-State-Zip: KEY WEST FL 33040

Title TREASURER  
Name SPOTTSWOOD, ANDREA  
Address 42 FLORAL AVENUE  
City-State-Zip: KEY WEST FL 33040

Title OFFICER  
Name JONES, RICK DR.  
Address 407 OLIVIA ST.  
City-State-Zip: KEY WEST FL 33040

Title CFO  
Name ANDREA, SPOTTSWOOD  
Address 42 FLORAL AVE.  
City-State-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: TERESA HILL**

**PASTOR**

**06/05/2020**

Electronic Signature of Signing Officer/Director Detail

Date