

**2018 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10007

**FILED**  
**Mar 28, 2018**  
**Secretary of State**  
**CC1781917313**

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

**Current Principal Place of Business:**

401 DUVAL ST.  
KEY WEST, FL 33040

**Current Mailing Address:**

401 DUVAL ST.  
KEY WEST, FL 33040 US

**FEI Number: 59-2368463**

**Certificate of Status Desired: No**

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

FELDMAN KOENIG & HIGHSMITH, P.A.  
3158 NORTHSIDE DRIVE  
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           RECTOR  
Name           HOOPER, LARRY D. THE VERY REV.  
Address        3435 RIVIERA DR.  
City-State-Zip: KEY WEST FL 33040

Title           CHANCELLOR  
Name           HIGHSMITH, ROBERT  
Address        3158 NORTHSIDE DR.  
City-State-Zip: KEY WEST FL 33040

Title           TREASURER, VESTRY  
Name           MALPASS, WILLIAM  
Address        2623 GULFVIEW DR.  
City-State-Zip: KEY WEST FL 33040

Title           ASST. TREASURER  
Name           HAMMOND, CHARLES  
Address        513 NOAH LN  
City-State-Zip: KEY WEST FL 33040

Title           VESTRY, SR. WARDEN  
Name           NIVEN, WENDY  
Address        1902 STAPLES AVE.  
City-State-Zip: KEY WEST FL 33040

Title           VESTRY  
Name           WHITESIDE, LILLA  
Address        1735 BAHAMA DR  
City-State-Zip: KEY WEST FL 33040

Title           VESTRY, CLERK OF THE VESTRY  
Name           ISABEL, VIERA  
Address        1205 NEWTON #2  
City-State-Zip: KEY WEST FL 33040

Title           VESTRY, JR. WARDEN  
Name           CURRY, DONALD  
Address        2210 PATTERSON  
City-State-Zip: KEY WEST FL 33040

**Continues on page 2**

*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: WENDY NIVEN**

**SENIOR WARDEN**

**03/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VESTRY  
Name WAGSTAFF, BRIAN  
Address 1723 BAHAMA DR.  
City-State-Zip: KEY WEST FL 33040

Title VESTRY  
Name GARCIA, TERRY  
Address 1321 ASHBY ST.  
City-State-Zip: KEY WEST FL 33040

Title VESTRY  
Name LYLES, JOSEPH JR.  
Address P.O. BOX 70  
City-State-Zip: KEY WEST FL 33040

Title VESTRY  
Name MOODY, LIZBETH  
Address 708 SOUTHARD ST.  
City-State-Zip: KEY WEST FL 33040

Title VESTRY  
Name GORDON, LONNIE  
Address 55 BOCA CHICA RD., #8  
City-State-Zip: KEY WEST FL 33040