

2014 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10007

Entity Name: SAINT PAUL'S PROTESTANT EPISCOPAL CHURCH OF KEY WEST, FLORIDA**FILED**
Apr 30, 2014
Secretary of State
CC9918538944**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. 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	VESTRY
Name	COLES, WENDY L.
Address	1007 WHITE ST.
City-State-Zip:	KEY WEST FL 33040

Title	VESTRY
Name	CURRY, DONALD R.
Address	2210 PATTERSON AVE.
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
Name	BENFIELD, LISA
Address	907 ELIZABETH ST.
City-State-Zip:	KEY WEST FL 33040

Title	VESTRY
Name	HINDSLEY, DEBORAH
Address	2206 SEIDENBURG
City-State-Zip:	KEY WEST FL 33040

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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: AMY M. GAGE**OFFICE ADMINISTRATOR 04/30/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CLERK
Name LEE, SANDY
Address 3608 EAGLE AVE
City-State-Zip: KEY WEST FL 33040

Title VESTRY
Name SANGSTON, JOHN
Address 401 EMMA ST.
APT 1
City-State-Zip: KEY WEST FL 33040

Title VESTRY
Name STEINKAMP, WYNN
Address 1205 NEWTON
#2
City-State-Zip: KEY WEST FL 33040

Title ADMINISTRATOR
Name GAGE, AMY M.
Address 1922 PATTERSON AVE.
City-State-Zip: KEY WEST FL 33040

Title VESTRY
Name LORD-PAPY, JOAN
Address 90 KEY HAVEN RD
City-State-Zip: KEY WEST FL 33040

Title SR. WARDEN
Name LYLES, JOSEPH H.
Address PO BOX 70
City-State-Zip: KEY WEST FL 33041-0070

Title VESTRY
Name SCHMIDA , WALTER
Address 1522 GEORGIA ST.
City-State-Zip: KEY WEST FL 33040

Title SIGNATOR
Name ANNICELLI, MARK
Address 1013 SOUTHARD ST.
City-State-Zip: KEY WEST FL 33040

Title JR WARDEN
Name EYER, DAVID
Address 1321 JOHNSON ST
City-State-Zip: KEY WEST FL 33040