

2024 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

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

Title TREASURER, VESTRY
Name WARREN, RAYMOND
Address 402 PORTER LANE
City-State-Zip: KEY WEST FL 33040

Title VESTRY
Name KELLER, CLARE
Address 611 VIRGINIA ST
City-State-Zip: KEY WEST FL 33040

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

Title VESTRY
Name KINDINGER, MICHAEL
Address 825 ASHE STREET
City-State-Zip: KEY WEST FL 33040

Title VESTRY, SENIOR WARDEN
Name DUNAWAY, JEFFREY
Address 807 THOMAS STREET
City-State-Zip: KEY WEST FL 33040

Title VESTRY
Name WOODS, SUSANNE
Address 17273 LABRISA LN
City-State-Zip: SUGARLOAF SHORES FL 33042

Title VESTRY
Name BOND, THOMAS
Address 402 PORTER LANE
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: DONNA S MOTE**RECTOR****02/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VESTRY, JUNIOR WARDEN
Name PHILIPS-FORD, GRETA
Address 3 BEECHWOOD DRIVE
City-State-Zip: KEY WEST FL 33040

Title VESTRY
Name TRAPANI, JENNIFER
Address 627 ELIZABETH STREET
City-State-Zip: KEY WEST FL 33040

Title VESTRY
Name BAGGE, KENDALL
Address 2601 S. ROOSEVELT BLVD.
 503-B
City-State-Zip: KEY WEST FL 33040

Title RECTOR
Name MOTE, DONNA
Address 3435 RIVIERA DRIVE
City-State-Zip: KEY WEST FL 33040