## 2013 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:** 

P O BOX 1014

KEY WEST, FL 33041 US

FEI Number: 59-2368463 Certificate of Status Desired: Yes

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

**FILED** Apr 22, 2013

**Secretary of State** 

CC2960091747

Officer/Director Detail:

Title **RECTOR** Title CHANCELLOR

Name HOOPER, LARRY D. REV. Name HIGHSMITH, ROBERT Address 3435 RIVIERA DR. Address 3158 NORTHSIDE DR. City-State-Zip: KEY WEST FL 33040 City-State-Zip: KEY WEST FL 33040

Title JUNIOR WARDEN Title SENIOR WARDEN CURRY, DONALD R. Name COLES, WENDY L. Name Address 1007 WHITE ST. Address 2210 PATTERSON AVE.

City-State-Zip: KEY WEST FL 33040 City-State-Zip: KEY WEST FL 33040

Title **TREASURER** Title CLERK

Name MALPASS, WILLIAM BUTLER, VIRGINIA Name Address 2623 GULFVIEW DR. 1800 ATLANTIC Address

> C-323 City-State-Zip:

KEY WEST FL 33040 City-State-Zip: KEY WEST FL 33040

Title **VESTRY** ASST. TREASURER

Title Name BENFIELD, LISA Name HAMMOND, CHARLES Address 907 ELIZABETH ST.

513 NOAH LN Address City-State-Zip: KEY WEST FL 33040

KEY WEST FL 33040 City-State-Zip:

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.

04/22/2013 SIGNATURE: AMY M. GAGE **ADMINISTRATOR** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

3608 EAGLE AVE

Address

**VESTRY** Title Title **VESTRY** 

Name HIGHSMITH, SANDY HINDSLEY, DEBORAH Name Address 23 AZALEA DR. Address 2206 SEIDENBURG

City-State-Zip: KEY WEST FL 33040 City-State-Zip: KEY WEST FL 33040

**VESTRY** Title **VESTRY** Title

Name LYLES, JOSEPH H. Name LEE, SANDY Address PO BOX 70

City-State-Zip: KEY WEST FL 33041-0070 City-State-Zip: KEY WEST FL 33040

Title **VESTRY** Title **VESTRY** 

Name SCHMIDA, WALTER SANGSTON, JOHN Name Address 1522 GEORGIA ST. Address 401 EMMA ST.

APT 1 City-State-Zip: KEY WEST FL 33040 City-State-Zip: KEY WEST FL 33040

Title **VESTRY** Title **VESTRY** 

Name WHITLEY, LENNY Name

STEINKAMP, WYNN Address 3229 FLAGLER AVE.

1205 NEWTON Address #202 City-State-Zip: KEY WEST FL 33040

KEY WEST FL 33040 City-State-Zip:

Title **ADMINISTRATOR** 

Title **SIGNATOR** Name GAGE, AMY M.

Name ANNICELLI, MARK 1922 PATTERSON AVE. Address Address 1013 SOUTHARD ST.

City-State-Zip: KEY WEST FL 33040 City-State-Zip: KEY WEST FL 33040