

**2020 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10007

**FILED**  
**Apr 07, 2020**  
**Secretary of State**  
**1919660118CC**

**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: 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

**Officer/Director Detail :**

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

Title TREASURER, VESTRY  
Name EYER, DAVID  
Address 1321 JOHNSON STREET  
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 WARREN, RAYMOND  
Address 402 PORTER LANE  
City-State-Zip: KEY WEST FL 33040

Title VESTRY  
Name GRIZZLE-MALGRAT, KIMBERLY  
Address 1018 EIGHTEENTH TERRACE  
City-State-Zip: KEY WEST FL 33040

Title VESTRY  
Name HALL, SAMANTHA  
Address 11 CORMORANT LANE  
City-State-Zip: KEY WEST FL 33040

Title VESTRY  
Name HODIES, PERRY  
Address 19769 DATE PALM DR.  
City-State-Zip: SUGARLOAF KEY FL 33042

Title VESTRY, JUNIOR WARDEN  
Name PHILIPS-FORD, GRETA  
Address 3 BEECHWOOD DRIVE  
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: RAYMOND WARREN**

**SENIOR WARDEN**

**04/07/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VESTRY  
Name GORDON, LONNIE  
Address 55 BOCA CHICA RD., #8  
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  
Name LYLES, JOSEPH JR.  
Address P.O. BOX 70  
City-State-Zip: KEY WEST FL 33040

Title VESTRY  
Name HAGEMANN, BRUCE  
Address 411 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040