

2015 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

DOCUMENT# C10007

Entity Name: SAINT PAUL'S PROTESTANT EPISCOPAL CHURCH OF KEY WEST, FLORIDA**FILED**
May 01, 2015
Secretary of State
CC0349602645**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 TREASURER, VESTRY
Name MALPASS, WILLIAM
Address 2623 GULFVIEW DR.
City-State-Zip: KEY WEST FL 33040

Title VESTRY, 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 JOHNSON, TINA
Address 2206 SEIDENBURG
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

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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 05/01/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

Title VESTRY
Name HAGEMANN, BRUCE
Address 411 FLEMING
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 CALLAWAY, KRISTY
Address PO BOX 5534
City-State-Zip: KEY WEST FL 33041

Title VESTRY
Name MATHER, JOSEPH
Address 3229 FLAGLER AVE., APT. # 202
City-State-Zip: KEY WEST FL 33040