2023 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

FILED Feb 07, 2023

Secretary of State

0758180168CC

Officer/Director Detail:

Title **CHANCELLOR** Title TREASURER, VESTRY Name HIGHSMITH, ROBERT Name WARREN, RAYMOND Address 3158 NORTHSIDE DR. Address **402 PORTER LANE** City-State-Zip: KEY WEST FL 33040 City-State-Zip: KEY WEST FL 33040

Title **VESTRY** Title VESTRY, SR. WARDEN

Name DEAN, WARDEN Name KELLER, CLARE Address 1027 EATON ST. Address 611 VIRGINIA ST APT 1

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

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

Name HODIES, PERRY NIVEN. WENDY Name Address

19769 DATE PALM DR. Address 1902 STAPLES AVE City-State-Zip: SUGARLOAF KEY FL 33042

City-State-Zip: KEY WEST FL 33040

Title **VESTRY** Title VESTRY, JUNIOR WARDEN

Name KINDINGER, MICHAEL Name CAMPBELL, HOLLE Address 825 ASHE STREET 237 AIRPORT DR N Address City-State-Zip: KEY WEST FL 33040

SUMMERLAND KEY FL 33042 City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

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.

SIGNATURE: RAYMOND WARREN

TREASURER

02/07/2023

Date

Officer/Director Detail Continued:

Title VESTRY, OTHER Title VESTRY

NameDUNAWAY, JEFFREYNameWOODS, SUSANNEAddress807 THOMAS STREETAddress17273 LABRISA LN

City-State-Zip: KEY WEST FL 33040 City-State-Zip: SUGARLOAF SHORES FL 33042

Title VESTRY

Name BOND, THOMAS
Address 402 PORTER LANE
City-State-Zip: KEY WEST FL 33040