2021 NOT FOR PROFIT REGISTRATION ANNUAL REPORT

FILED
Mar 18, 2021
Secretary of State
0285813363CC

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	VESTRY, SR. WARDEN
Name	WARREN, RAYMOND
Address	402 PORTER LANE
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, JUNIOR WARDEN
Name	PHILIPS-FORD, GRETA
Address	3 BEECHWOOD DRIVE
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	VESTRY
Name	GRIZZLE-MALGRAT, KIMBERLY
Address	1018 EIGHTEENTH TERRACE
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
Name	WARDEN, DEAN
Address	1027 EATON ST APT. 1
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 03/18/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VESTRY
Name	CAMPBELL, HOLLE
Address	237 AIRPORT DR N
City-State-Zip:	SUMMERLAND KEY FL 33042

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

Title	VESTRY
Name	WHITESIDE, LILLA
Address	1735 BAHAMA DR
City-State-Zip:	KEY WEST FL 33040