

**2024 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

**Officer/Director Detail :**

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

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

Title VESTRY  
Name KELLER, CLARE  
Address 611 VIRGINIA ST  
City-State-Zip: KEY WEST FL 33040

Title VESTRY  
Name NIVEN, WENDY  
Address 1902 STAPLES AVE  
City-State-Zip: KEY WEST FL 33040

Title VESTRY  
Name KINDINGER, MICHAEL  
Address 825 ASHE STREET  
City-State-Zip: KEY WEST FL 33040

Title VESTRY, SENIOR WARDEN  
Name DUNAWAY, JEFFREY  
Address 807 THOMAS STREET  
City-State-Zip: KEY WEST FL 33040

Title VESTRY  
Name WOODS, SUSANNE  
Address 17273 LABRISA LN  
City-State-Zip: SUGARLOAF SHORES FL 33042

Title VESTRY  
Name BOND, THOMAS  
Address 402 PORTER LANE  
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: DONNA S MOTE****RECTOR****02/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            VESTRY, JUNIOR WARDEN  
Name           PHILIPS-FORD, GRETA  
Address        3 BEECHWOOD DRIVE  
City-State-Zip: KEY WEST FL 33040

Title            VESTRY  
Name           TRAPANI, JENNIFER  
Address        627 ELIZABETH STREET  
City-State-Zip: KEY WEST FL 33040

Title            VESTRY  
Name           BAGGE, KENDALL  
Address        2601 S. ROOSEVELT BLVD.  
                    503-B  
City-State-Zip: KEY WEST FL 33040

Title            RECTOR  
Name           MOTE, DONNA  
Address        3435 RIVIERA DRIVE  
City-State-Zip: KEY WEST FL 33040