

2020 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:** 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

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**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