**2016 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

**FILED**
**Feb 09, 2016**
**Secretary of State**
**CC1918474907**

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 | RECTOR |
| Name | HOOPER, LARRY D. REV. |
| Address | 3435 RIVIERA DR. |
| 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 | SR. WARDEN |
| Name | LYLES, JOSEPH H. |
| Address | PO BOX 70 |
| City-State-Zip: | KEY WEST FL 33041-0070 |

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

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

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|---|---|
| Title | VESTRY, ASST. TREASURER |
| Name | HAMMOND, CHARLES |
| Address | 513 NOAH LN |
| City-State-Zip: | KEY WEST FL 33040 |

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|---|---|
| Title | ADMINISTRATOR |
| Name | GAGE, AMY M. |
| Address | 1922 PATTERSON AVE. |
| City-State-Zip: | KEY WEST FL 33040 |

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|---|---|
| Title | VESTRY |
| Name | CALLAWAY, KRISTY |
| Address | PO BOX 5534 |
| City-State-Zip: | KEY WEST FL 33041 |

**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: AMY M. GAGE — OFFICE ADMINISTRATOR — 02/09/2016

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

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

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

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|---|---|
| Title | VESTRY |
| Name | CURRY, DONALD |
| Address | 2210 PATTERSON |
| City-State-Zip: | KEY WEST FL 33040 |

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

| | |
|---|---|
| Title | VESTRY |
| Name | ISABELL, VIERRA |
| Address | 1205 NEWTON #2 |
| City-State-Zip: | KEY WEST FL 33040 |