

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **C10007** (8)

1. Corporation Name

**SAINT PAUL'S PROTESTANT EPISCOPAL CHURCH OF KEY WEST, FLORIDA**

Principal Place of Business

**401 DUVAL ST.  
KEY WEST FL 33040**

Mailing Address

**401 DUVAL ST.  
KEY WEST FL 33040**



3. Date Incorporated or Qualified  
**06/19/1992**

3a. Date of Last Report  
**06/15/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc. **26** **P. O. Box 1014**

4. FEI Number  
**59-2368463**

Applied For  
Not Applicable

**22** City & State

**27** Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**23** Zip

**28** City & State

**Key West, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**24** Country

**29** Zip

**33041**

**30** Country

**Monroe**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNIGHT, HARRY F.  
401 DUVAL STREET  
KEY WEST FL 33040**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)  
**1016 Flagler Avenue**

**83**

**84** City

**Key West**

**FL**

**85** Zip Code  
**33040**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(N/A) If Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **RASMUS, REV. PAUL A**  
STREET ADDRESS **415 DUVAL ST.**  
CITY-ST-ZIP **KEY WEST FL 33040**

11 TITLE **P/D** ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CURRY, DONALD R**  
STREET ADDRESS **2210 PATTERSON AVE.**  
CITY-ST-ZIP **KEY WEST FL 33040**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SWEETING, ROGER W**  
STREET ADDRESS **3710 PEARLMAN COURT**  
CITY-ST-ZIP **KEY WEST FL 33040**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **MATCHETT, MARY ANNE**  
STREET ADDRESS **522 SIMONTON ST.**  
CITY-ST-ZIP **KEY WEST FL 33040**

41 TITLE ☐ Change ☒ Addition  
42 NAME **D Sands, Leon**  
43 STREET ADDRESS **1608 Washington Street**  
44 CITY-ST-ZIP **Key West, FL 33040**

TITLE **D** ☐ DELETE  
NAME **ADAMS, DAVID**  
STREET ADDRESS **723 FLEMING ST.**  
CITY-ST-ZIP **KEY WEST FL 33040**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **TAYLOR, LOUISE**  
STREET ADDRESS **1202 11TH ST.**  
CITY-ST-ZIP **KEY WEST FL 33040**

61 TITLE ☒ Change ☐ Addition  
62 NAME **S/D**  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *The Rev. Paul A. Rasmus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/96** (305) 296-5142  
Date Daytime Phone #

CR2E037 (12/95)