

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90012 045 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10007

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

**C/O HARRY F KNIGHT
1016 FLAGLER AVE.
KEY WEST FL 33040
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/19/1992

4. FEI Number

59-2368463

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**KNIGHT, HARRY F.
1016 FLAGLER AVENUE
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **JOHNSON, KEITH**
STREET ADDRESS **401 DUVAL ST.**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☒ DELETE
NAME **BUTLER, GINGER**
STREET ADDRESS **401 DUVAL ST**
CITY-ST-ZIP **KEY WEST FL**

TITLE **D** ☐ DELETE
NAME **WALKER, DOUG**
STREET ADDRESS **401 DUVAL ST**
CITY-ST-ZIP **KEY WEST FL**

TITLE **D** ☒ DELETE
NAME **HIGHSMITH, BOBBY**
STREET ADDRESS **401 DUVAL ST.**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☒ DELETE
NAME **HARRIS, NAT**
STREET ADDRESS **401 DUVAL ST.**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☒ DELETE
NAME **TAYLOR, LOUISE**
STREET ADDRESS **401 DUVAL ST.**
CITY-ST-ZIP **KEY WEST FL 33040**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Acevedo, Randy**
1.3 STREET ADDRESS **1115 17th Terrace**
1.4 CITY-ST-ZIP **Key West FL 33040**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Chiroff, David**
2.3 STREET ADDRESS **1514 Patricia Street**
2.4 CITY-ST-ZIP **KEY WEST FL 33040**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Graniela, Kevin**
3.3 STREET ADDRESS **3930 S Roosevelt Blvd**
3.4 CITY-ST-ZIP **KEY WEST FL 33040**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **CURRY, DONALD**
4.3 STREET ADDRESS **2210 Patterson Avenue**
4.4 CITY-ST-ZIP **KEY WEST FL 33040**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Davies, Adrian**
5.3 STREET ADDRESS **1403 Truman Avenue**
5.4 CITY-ST-ZIP **KEY WEST FL 33040**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Pinder, Joe**
6.3 STREET ADDRESS **Po Box 1181**
6.4 CITY-ST-ZIP **KEY WEST FL 33040**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/10/99 365-295
5055**

CR2E037-(11/98)

Addition