

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# C10007

FILED  
Jul 30, 2002  
Secretary of State

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

**Current Principal Place of Business:**

401 DUVAL ST.  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2368463      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RICHARDSON, JAMES DR  
Address: 1402 SOUTH STREET  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: FOWLER, SARAH  
Address: 401 DUVAL ST  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: FARNED, THOMAS S  
Address: 3538 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

Title: DS ( ) Delete  
Name: RASMUS, BRENDA  
Address: 415 DUVAL ST  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: BLACKWELL, CAROLYN  
Address: 401 DUVAL ST  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: BLAND, KEITH  
Address: 401 DUVAL ST  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: BRADFORD, DEBBIE  
Address: 401DUVAL ST  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: DR. JAMES RICHARDSON

D

07/30/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

TONY WALTERSON, DIRECTOR  
401 DUVAL STREET  
KEY WEST, FL 33040

CHARLES HAMMOND, JR. , DIRECTOR  
401 DUVAL STREET  
KEY WEST, FL 33040