

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16652

**Entity Name:** TRINITY PRESBYTERIAN CHURCH OF KEY WEST, INC.

**Current Principal Place of Business:**

717 SIMONTON STREET  
KEY WEST, FL 33040

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC0861901248**

**Current Mailing Address:**

PO BOX 6471  
KEY WEST, FL 33041

**FEI Number: 22-2087725**

**Certificate of Status Desired: No**

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

PETIT, CAGLE A  
818 ELIZABETH STREET  
4  
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 ELDER  
Name SANDS, SHELLY A  
Address 115-A TRUMAN AVE  
City-State-Zip: KEY WEST FL 33040

Title ELDER  
Name POITIER, TEDRA  
Address 820 JOHNSON LANE  
City-State-Zip: KEY WEST FL 33040

Title ELDER  
Name MCLEOD, LINDA R  
Address 1649 ELLSBERG CT.  
City-State-Zip: KEY WEST FL 33040

Title ELDER  
Name MAGBY, HAYWARD L  
Address 717 SIMONTON ST.  
City-State-Zip: KEY WEST FL 33040

Title ELDER  
Name HALL, FLEASHER  
Address 301 WHITE ST.  
#16-C  
City-State-Zip: KEY WEST FL 33040

Title ELDER  
Name FORTSON, JEAN I  
Address 209 VIRGINIA ST.  
City-State-Zip: KEY WEST FL 33040

Title ELDER  
Name GALLAGHER, MARILYN  
Address 828 WHITEHEAD ST.  
APT. 3-D  
City-State-Zip: KEY WEST FL 33040

Title ELDER  
Name LOPEZ, MICHELE R  
Address 396 BALIDO ST.  
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: SHELLY A. SANDS**

**ELDER**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            ELDER  
Name            PLA, LATRICE  
Address        E-49 12TH AVENUE  
City-State-Zip: KEY WEST FL 33040