

**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 # 724735 (6)**

1. Corporation Name

**ST SIMON THE CYRENIAN EPISCOPAL CHURCH INC OF FT PIERCE**



Principal Place of Business

Mailing Address

P. O. BOX 1147  
1700-AVENUE E.  
FT. PIERCE FL 34954-1147

P. O. BOX 1147  
1700-AVENUE E.  
FT. PIERCE FL 34954-1147

3. Date Incorporated or Qualified  
**11/08/1972**

3a. Date of Last Report  
**02/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
**65-0330106**

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**

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

**BURNS, SIMMIE W.  
P. O. BOX 1147  
FT. PIERCE FL 34954**

81 Name  
**Cypriana Smith**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1102 N 41st Street**  
83  
**Fort Pierce**  
84 City

FL 85 Zip Code  
**34947**

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 *Cypriana Smith*

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

(NOTE: Registered Agent signature required when reinstating)

*April 7, 1996*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	RD	<input checked="" type="checkbox"/> DELETE
NAME	LORD, DAVID C	
STREET ADDRESS	1406-26TH AVE.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SWT	<input type="checkbox"/> DELETE
NAME	RAHMING, SR. G	
STREET ADDRESS	1821-N. 45TH ST	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURNS, RUFUS	
STREET ADDRESS	2207 AVENUE O	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SVT	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GWENDOLYN	
STREET ADDRESS	1504 SAN DIEGO AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	ATD	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, SIMMIE W.	
STREET ADDRESS	P.O. BOX 1445 N/A	
CITY-ST-ZIP	FORT PIERCE FL 34954-1445	
TITLE	FS	<input checked="" type="checkbox"/> DELETE
NAME	RITCHIE, LILLIAN	
STREET ADDRESS	2208 AVE. O	
CITY-ST-ZIP	FT PIERCE FL 34950	

1.1 TITLE	Rector	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Weekes, Jonathan E.	
1.3 STREET ADDRESS	1604 Avenue Q	
1.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sy	
4.3 STREET ADDRESS	Murray, Nanza	
4.4 CITY-ST-ZIP	715 20th St., Apt. 101 Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME	T	
5.3 STREET ADDRESS	Cypriana Smith	
5.4 CITY-ST-ZIP	1102 N. 41st St. Ft. Pierce, FL 34947	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FS	
6.3 STREET ADDRESS	Ethel Edwards	
6.4 CITY-ST-ZIP	519 N. 18th St. Ft. Pierce, FL 34950	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated 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:

*Jonathan E. Weekes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 14 1996* (407)-461-2519  
DATE Daytime Phone

CR2E037 (12/95)