## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

724735

(6)

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

Principal Plac	e of Business	Mailing Address		1 188101 14801 11801 11801 11800 1100	: 8)(( 9191)	181) W181) (BB)
P. O. BOX 1147		P. O. BOX 1147				
1700-AVENUE		1700-AVENUE E.				
ft. Pierce fl	. 34554-1147	FT. PIERCE FL 34954-1147		3. Date incorporated or Qualified 11/08/1972	3a. Date of Last B	eport
				1 ' '	3a. Date of Last B 04/28/19	96
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65-0330106	Ap	plied For
21	# ata	26		05 050 100		t Applicable
Suite, Apt.	#, eic.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 / Fee Re	
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00	·
23		28		Trust Fund Contribution	Added t	
Zıp	Country	Ζίρ	Country	8. This corporation has liability for		199.032,
24	25		30		Yes No	· · · · · · · · · · · · · · · · · · ·
	9. Name and Address of Curre	nt Registered Agent	B1 Nome	10. Name and Address of New Ro	<del></del>	<del></del>
ALOTTI	AUBBIANA		81 Name	George D. Kahmino	Sr.	
	CYPRIANA		82 Street A	odress 19.0. Box Number is Not Accepted	oje)	
	41ST STREET RCE FL 34947		83	1004 North 72th B	<b>U</b> .	
rį. rici	10E FL 34847			<u>-</u>		
			84 City	Fort Pierce	FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617,1508, Florida Statute	a the above nemed	paragration automite this statement for the	nuscona of changing li	
office or r agent. Fa	registered agent, or both, in the State om familier with, and accept the oblig	of Florida. Such change was a ations of, Section 617,0503. Flo	uthorized by the corp rida Statutes.	oration's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE	/ II	muro George I	Robins.	Sr. 2	120/97	
	Signature, ty co or printed name a registered ag	ent and titled applicable. (NOTE	Registered Agent signature		DATE	
12.		ND DIBLCTORS	13.	ADDITIONS/CHANGES TO OFFI		
TITLE	RD   Weeks, Jonathon E	☐ DETEIE	1.1 TITLE		Change	Addition
NAME STREET ADDRESS	1604 AVENUE Q		1.2 NAME 1.3 Street address			
CITY-ST-ZIP	FORT PIERCE FL 34950		1.4 CITY-SY-ZIP			
THILE	SWT	☐ DELETE	21 TITLE		Change	Addition
NAME	RAHMING, SR. G		2.2 NAME			
STREET ADDRESS	1821-N. 45TH ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL		2. 4 CITY-ST-ZIP	•		
TITLE	1	☐ DELETE	3.1 TITLE		Change	Addition
NAME	BURNS, RUFUS		3.2 NAME			
STREET ADDRESS	2207 AVENUE O		3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL	- Lancer	3.4. CITY+ST+ZIP			
TITLE	SV WANTA	☐ DELETE	4.1 TITLE		Change	Addition
NAME	MURRAY, WANZA		4. 2 NAME			
STREET ADDRESS	715 20TH ST., APT. 101 VERO BEACH FL 32960		4.3 STREET ADDRESS	•		
CITY-ST-ZIP TITLE	T	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	SMITH, CYPRIANA	(E) bettie	5.2 NAME		ET OHING	La roulivii
STREET ADDRESS	1102 N. 41ST STREET		5.3 STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE FL 34947		5.4 CITY-ST-ZIP	e .		
TITLE	FS	DELETE	6.1 TITLE		☐ Change	Addition
NAME	EDWARDS, ETHEL		6.2 NAME	·		
STREET ADDRESS	519 N. 18TH STREET		6.3 STREET ADDRESS	4 · · · · · · · · · · · · · · · · · · ·		
0.7.	ET DIEDOE EL 240EN					

CITY-ST-ZIP FT PIERCE FL 34950

14. I do 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 reserved to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Blg chment with an address.

SIGNATURE

**FILED** 

Mar 04 1997 8:00am

Secretary of State