

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 10 1998 8:00am  
 Secretary of State

001421

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724735 (6)**  
 1. Corporation Name  
**ST SIMON THE CYRENIAN EPISCOPAL CHURCH INC OF FT PIERCE**

Principal Place of Business P. O. BOX 1147 1700-AVENUE E. FT. PIERCE FL 34954-1147	Mailing Address P. O. BOX 1147 1700-AVENUE E. FT. PIERCE FL 34954-1147
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3. Date incorporated or Qualified <b>11/08/1972</b>	
4. FEI Number <b>65-0330106</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>RAHMING, GEORGE D SR 1821 N 45TH ST FT. PIERCE FL 34947</b>	10. Name and Address of New Registered Agent 81 Name <b>J. ANTHONY GOODEN SR.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>P.O. BOX 1147 1511 FLINTROCK ROAD</b> 83 <b>1700 AVE E. FT. ST. LAURE, FL 34952</b> 84 City <b>FORT PIERCE</b> 85 Zip Code <b>FL 34954</b>
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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: *George D. Rahming* *J. Anthony Gooden* DATE: **8/2/98**

12. OFFICERS AND DIRECTORS	
TITLE <input type="checkbox"/> DELETE	RD
NAME	WEEKS, JONATHON E
STREET ADDRESS	1804 AVENUE Q
CITY-ST-ZIP	FORT PIERCE FL 34950 Director
TITLE <input type="checkbox"/> DELETE	SWT
NAME	RAHMING, SR. G
STREET ADDRESS	1821-N. 45TH ST
CITY-ST-ZIP	FT. PIERCE FL Trustee
TITLE <input checked="" type="checkbox"/> DELETE	T
NAME	BURNS, RUFUS
STREET ADDRESS	2207 AVENUE O
CITY-ST-ZIP	FT. PIERCE FL
TITLE <input type="checkbox"/> DELETE	SV
NAME	MURRAY, WANZA
STREET ADDRESS	715 20TH ST., APT. 101
CITY-ST-ZIP	VERO BEACH FL 32960 Trustee
TITLE <input checked="" type="checkbox"/> DELETE	FS
NAME	EDWARDS, ETHEL
STREET ADDRESS	519 N. 18TH STREET
CITY-ST-ZIP	FT PIERCE FL 34950
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	J. ANTHONY GOODEN, SR.
1.2 NAME	
1.3 STREET ADDRESS	1511 FLINTROCK ROAD
1.4 CITY-ST-ZIP	FT. ST. LAURE, FL 34952 Senior Warden
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	RODERICK ROLLE
3.2 NAME	203 N. 27 ST.
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	FT. PIERCE, FL 34947 Subor Warden
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MARY JOHNSON
5.2 NAME	
5.3 STREET ADDRESS	908 HUCKERY ST.
5.4 CITY-ST-ZIP	FT. PIERCE, FL 34947 Treasurer
6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	JEANOLA COLEBROOK
6.2 NAME	
6.3 STREET ADDRESS	3709 AVENUE O
6.4 CITY-ST-ZIP	FT. PIERCE, FL 34947 Financial Sec.

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.  
 SIGNATURE: *Mary Johnson* **MARY JOHNSON** DATE: **8/7/98** PHONE: **561-465-5828**

CR2E037 (5/98)

9/5/98

Mr. Crossing,

I am not sure what the attached letter represents or who it is referring to. Please explain by return letter or calling 561-468-5098.

Thank you  
Mary B. John

We submitted this form  
and a check for \$61.25 -  
Check # 2787 on 4-28-98. It has  
never cleared our bank. I would suggest  
you look in someones desk to find  
out what happened to it.

This is a duplicate form and check.  
Paul Wiley has not been on our records  
for 8 years. I suggest you get on  
board or get another job.

Geoff J Crosby, Asst  
Quartermaster 8-4-98