

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

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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3. Date incorporated or Qualified
 11/08/1972

4. FEI Number
 65-0330106

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent

RAHMING, GEORGE D SR
 1821 N 45TH ST
 FT. PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name J. ANTHONY GOODEN SR.
 82 Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 1147 1511 FLINTROCK ROAD
 83 1700 AVE E. FT. ST. LAURE, FL 34952
 84 City FORT PIERCE FL 85 Zip Code 34954

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 *James J. Gooden* *M. Warden* DATE 8/2/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	RD	DELETED
NAME	WEEKS, JONATHON E	
STREET ADDRESS	1804 AVENUE Q	Director
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	SWT	DELETED
NAME	RAHMING, SR. G	
STREET ADDRESS	1821-N. 45TH ST	Trustee
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	T	DELETED
NAME	BURNS, RUFUS	
STREET ADDRESS	2207 AVENUE O	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SV	DELETED
NAME	MURRAY, WANZA	Trustee
STREET ADDRESS	715 20TH ST., APT. 101	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	FS	DELETED
NAME	EDWARDS, ETHEL	
STREET ADDRESS	519 N. 18TH STREET	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	J. ANTHONY GOODEN, SR.	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS	1511 FLINTROCK ROAD	SWT	Trustee
1.4 CITY-ST-ZIP	FT. ST. LAURE, FL 34952		Senior Warden
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	RODERICK ROLLE	Change	Addition
3.2 NAME	203 N. 27 ST.		Subj or Warden
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP	FT. PIERCE, FL 34947		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	MARY JOHNSON	Change	Addition
5.2 NAME	908 HUCKERY ST.		Treasurer
5.3 STREET ADDRESS	FT. PIERCE, FL 34947		
5.4 CITY-ST-ZIP			
6.1 TITLE	JEANOLA COLEBROOK	Change	Addition
6.2 NAME	3709 AVENUE O		FS
6.3 STREET ADDRESS	FT. PIERCE, FL 34947		Financial Sec.
6.4 CITY-ST-ZIP			

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 8/7/98 564-465-5828

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

001421

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