

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90108 043 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

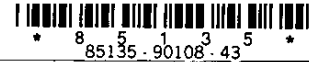


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724735

1. Corporation Name

ST SIMON THE CYRENIAN EPISCOPAL CHURCH INC OF FT
PIERCE



85135-90108-43

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



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	11/08/1972	
22	City & State	27	4. FEI Number	Applied For
23	Zip	28	65-0330106	Not Applicable
24	Country	29	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25	Country	30	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
26	Country		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

GOODEN, SR J ANTHONY
1700 AVE E (P O BOX 1147)
(1511 SE FLINTROCK RD, PT ST LUCIE, 34952)
FORT PIERCE FL 34947

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, JONATHON E	1.2 NAME	
STREET ADDRESS	1604 AVENUE Q	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34950	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODEN, SR J ANTHONY	3.2 NAME	
STREET ADDRESS	1511 FLINTROCK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34652	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, WANZA	4.2 NAME	
STREET ADDRESS	715 20TH ST., APT. 101	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MARY	5.2 NAME	
STREET ADDRESS	908 HICKORY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34947	5.4 CITY-ST-ZIP	
TITLE	FS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEBROCK, JEANOLA	6.2 NAME	
STREET ADDRESS	3709 AVENUE O	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34947	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)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Johnson
2/2/99 561-468-5088

007493

CR2E037 (11/98)