

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90064 050 ****61.25

DOCUMENT # 724735

1. Entity Name

ST SIMON THE CYRENIAN EPISCOPAL CHURCH INC OF FT

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0330106

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jonathan Gooden
J. ANTHONY GOODEN SR. **02/07/2000**

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WEEKS, JONATHON E	
STREET ADDRESS	1604 AVENUE Q	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RAHMING, SR. G	
STREET ADDRESS	1821-N. 45TH ST	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GOODEN, SR J ANTHONY	
STREET ADDRESS	1511 FLINTROCK ROAD	
CITY-ST-ZIP	PT ST LUCIE FL 34652	
TITLE	T	<input type="checkbox"/> Delete
NAME	MURRAY, WANZA	
STREET ADDRESS	715 20TH ST., APT. 101	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY	
STREET ADDRESS	908 HICKORY ST	
CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE	FS	<input type="checkbox"/> Delete
NAME	COLEBROCK, JEANOLA	
STREET ADDRESS	3709 AVENUE O	
CITY-ST-ZIP	FT PIERCE FL 34947	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUFUS BURNS	
STREET ADDRESS	2207 AVENUE O	
CITY-ST-ZIP	FT. PIERCE, FL 34950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Signing Officer or Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

561-468-994

Daytime Phone #

CR2E037 (9/99)