


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 724735**  
 1. Entity Name  
**ST SIMON THE CYRENIAN EPISCOPAL CHURCH INC OF FTPIERCE**



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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**DO NOT WRITE IN THIS SPACE**



08282005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0330106</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MURRAY, WANZA**  
**461-10TH PLACE**  
**VERO BEACH, FL 32960**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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

100000377461  
 08/31/05-80003-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEEKS, JONATHON E 1604 AVENUE Q FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BURNS, RUFUS 2207 AVENUE O FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BURNS, SIMMIE W P.O. BOX 1106(1912 AVE G FORT PIERCE, FL 34954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MURRAY, WANZA 715 20TH ST., APT. 101 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JOHNSON, MARY 908 HICKORY ST FT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FSD COLEBROCK, JEANOLA 3709 AVENUE O FT PIERCE, FL 34947

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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: *Simmie W. Burns* (Simmie W. Burns) 772-370-6775  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8/28/05 Daytime Phone #