


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90003 017 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURRAY, WANZA 461-10TH PLACE VERO BEACH, FL 32960				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Wanza Murray</i></u> (NOTE: Registered Agent signature required when reinstalling) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEEKS, JONATHON E		NAME		
STREET ADDRESS	1604 AVENUE Q		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, RUFUS		NAME		
STREET ADDRESS	2207 AVENUE O		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, SIMMIE W		NAME		
STREET ADDRESS	P.O. BOX 1106(1912 AVE G		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34954		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAY, WANZA		NAME		
STREET ADDRESS	715 20TH ST., APT. 101		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MARY		NAME		
STREET ADDRESS	908 HICKORY ST		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34947		CITY-ST-ZIP		
TITLE	FSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEBROCK, JEANOLA		NAME		
STREET ADDRESS	3709 AVENUE O		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34947		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Wanza Murray</i></u> 8/13/06 772-370-6775 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50025734



08092006 Chg-NP CR2E037 (4/06)

4. FEI Number **65-0330106** Applied For ☐ Not Applicable ☒

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