

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
P. O. BOX 1147 **P. O. BOX 1147**
1700-AVENUE E. **1700-AVENUE E.**
FT. PIERCE, FL 34954-1147 **FT. PIERCE, FL 34954-1147**



06222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0330106 Not Applicable

5. Certificate of Status Desired **\$8.75** 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: WANZA MURRAY DATE: 07/01/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

U00000767134
 07/06/07-80002-001 61.25

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: Wanza Murray DATE: 07/01/07 772-567-4522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #