


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008 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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07112008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

MURRAY, WANZA
 461-10TH PLACE
 VERO BEACH, FL 32960

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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) DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

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

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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 07/16/08-80005-033 61.25

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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: *Simmie W. Burns* **SIMMIE W. BURNS** 7/11/08 372-370-6775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #