

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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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FILED
Jul 16, 2008 08:00 AM
Secretary of State



07112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0330106

Applied For

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

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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

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

(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 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

U00000955193
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 the 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 #