## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 724735** 

Entity Name: ST SIMON THE CYRENIAN EPISCOPAL CHURCH INC OF

**FTPIERCE** 

**Current Principal Place of Business:** 

1700 AVENUE 'E' FT. PIERCE, FL 34950

**Current Mailing Address:** P. O. BOX 1147

FT. PIERCE, FL 34954-1147 US

FEI Number: 65-0330106 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURNS, SIMMIE WMR. 9304 NATURE'S WAY FORT PIERCE, FL 34945 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Apr 05, 2015

**Secretary of State** 

CC8491690621

Officer/Director Detail:

Title PD Title TD

Name BURNS, RUFUS Name BURNS, SIMMIE W Address 2207 AVENUE O Address 9304 NATURE'S WAY FORT PIERCE FL 34945 City-State-Zip: FORT PIERCE FL 34950 City-State-Zip:

Title Title Т

JOHNSON, MARY Name MURRAY, WANZA Name Address 715 20TH ST., APT. 101 Address 908 HICKORY ST City-State-Zip: FT PIERCE FL 34947 City-State-Zip: VERO BEACH FL 32960

Title **FSD** 

Name COLEBROCK, JEANOLA

3709 AVENUE O Address

City-State-Zip: FT PIERCE FL 34947

SIGNATURE: MARY B. JOHNSON

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

04/05/2015