# Entity Name: ST SIMON THE CYRENIAN EPISCOPAL CHURCH INC OF FTPIERCE

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

1700 AVENUE 'E' FT. PIERCE, FL 34950

**DOCUMENT# 724735** 

## **Current Mailing Address:**

P. O. BOX 1147 FT. PIERCE, FL 34954-1147 US

## FEI Number: 65-0330106

#### Name and Address of Current Registered Agent:

BURNS, SIMMIE WMR. 9304 NATURE'S WAY FORT PIERCE, FL 34945 US FILED Jan 31, 2014 Secretary of State CC0554609634

Certificate of Status Desired: No

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

# **Officer/Director Detail :**

| Title           | PD                     | Title           | TD                   |
|-----------------|------------------------|-----------------|----------------------|
| Name            | BURNS, RUFUS           | Name            | BURNS, SIMMIE W      |
| Address         | 2207 AVENUE O          | Address         | 9304 NATURE'S WAY    |
| City-State-Zip: | FORT PIERCE FL 34950   | City-State-Zip: | FORT PIERCE FL 34945 |
| Title           | т                      | Title           | т                    |
| Name            | MURRAY, WANZA          | Name            | JOHNSON, MARY        |
| Address         | 715 20TH ST., APT. 101 | Address         | 908 HICKORY ST       |
| City-State-Zip: | VERO BEACH FL 32960    | City-State-Zip: | FT PIERCE FL 34947   |
| Title           | FSD                    |                 |                      |
| Name            | COLEBROCK, JEANOLA     |                 |                      |
| Address         | 3709 AVENUE O          |                 |                      |
| City-State-Zip: | FT PIERCE FL 34947     |                 |                      |
|                 |                        |                 |                      |

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.

## SIGNATURE: MARY B. JOHNSON

INTERIM TREASURER 01/31/2014

Electronic Signature of Signing Officer/Director Detail

Date

Date