

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724735

**FILED**  
**Feb 20, 2023**  
**Secretary of State**  
**1788103931CC**

**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:** No

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

BURNS, SIMMIE WALLACE  
9304 NATURES 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:** SIMMIE WALLACE BURNS

02/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER	Title	JUNIOR WARDEN, VESTRY MEMBER
Name	BURNS, SIMMIE W	Name	JOHNSON, LIONEL
Address	9304 NATURE'S WAY	Address	908 HICKORY STREET
City-State-Zip:	FORT PIERCE FL 34945	City-State-Zip:	FORT PIERCE FL 34947
Title	VESTRY MEMBER, SENIOR WARDEN	Title	VESTRY MEMBER
Name	TAYLOR-JOHNSON, CHRISTINE PHD	Name	BURNS, MYRON JAMES PHD
Address	1650 TIMBERLAKES DRIVE	Address	2207 AVENUE O
City-State-Zip:	FT PIERCE FL 34947	City-State-Zip:	FORT PIERCE FL 34950
Title	VESTRY MEMBER, SECRETARY	Title	PRIEST
Name	DEMPS, SHEARON	Name	LIEBLER, JOHN FR.
Address	3605 AVENUE L	Address	2254 6TH AVENUE SE
City-State-Zip:	FORT PIERCE FL 34947	City-State-Zip:	VERO BEACH FL 32968
Title	VESTRY MEMBER	Title	VESTRY MEMBER
Name	MCCORRISON, ROBERT MICHAEL	Name	HAGWOOD, SHIRLEY
Address	9304 NATURES WAY	Address	3701 AVENUE L
City-State-Zip:	FORT PIERCE FL 34945	City-State-Zip:	FORT 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:** SIMMIE WALLACE BURNS

**TREASURER**

02/20/2023

Electronic Signature of Signing Officer/Director Detail

Date