# DOCUMENT# 724735 Entity Name: ST SIMON THE CYRENIAN EPISCOPAL CHURCH INC OF FTPIERCE

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**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

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

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

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	WILLIAMS, CATHY	Name	JOHNSON, MARY	
Address	1906 NORTH 16TH STREET	Address	908 HICKORY ST	
City-State-Zip:	FORT PIERCE FL 34950	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 JOHNSON

INTERIM TREASURER 03/31/2016

Electronic Signature of Signing Officer/Director Detail

Date

Date

# FILED Mar 31, 2016 Secretary of State CC3569498491