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

2013 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 CC8559019222

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	D	Title	PD	
Name	WEEKS, JONATHON E	Name	BURNS, RUFUS	
Address	1604 AVENUE Q	Address	2207 AVENUE O	
City-State-Zip:	FORT PIERCE FL 34950	City-State-Zip:	FORT PIERCE FL 34950	
Title	TD	Title	Т	
Name	BURNS, SIMMIE W	Name	MURRAY, WANZA	
Address	9304 NATURE'S WAY	Address	715 20TH ST., APT. 101	
City-State-Zip:	FORT PIERCE FL 34945	City-State-Zip:	VERO BEACH FL 32960	
T:41 -	<b>-</b>	Title	FSD	
Title	Т	The	1 60	
Name	JOHNSON, MARY	Name	COLEBROCK, JEANOLA	
Address	908 HICKORY ST	Address	3709 AVENUE O	
City-State-Zip:	FT PIERCE FL 34947	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 04/04/2013

Electronic Signature of Signing Officer/Director Detail

Date

Date

# FILED Apr 04, 2013 Secretary of State