

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724735

**FILED**  
**Mar 03, 2017**  
**Secretary of State**  
**CC1254738127**

**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 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

**Officer/Director Detail :**

Title PD  
Name BURNS, RUFUS  
Address 2207 AVENUE O  
City-State-Zip: FORT PIERCE FL 34950

Title TD  
Name BURNS, SIMMIE W  
Address 9304 NATURE'S WAY  
City-State-Zip: FORT PIERCE FL 34945

Title T  
Name WILLIAMS, CATHY  
Address 1906 NORTH 16TH STREET  
City-State-Zip: FORT PIERCE FL 34950

Title T  
Name JOHNSON, MARY  
Address 908 HICKORY ST  
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

TREASURER

03/03/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date