FT. PIERCE, FL	. 34950			
Current Maili	ing Address:			
P. O. BOX 11 FT. PIERCE,	47 FL 34954-1147 US			
FEI Number: 65-0330106			Certificate of Status Des	sired: Yes
Name and Address of Current Registered Agent:				
BENNETT, ALTA 1700 AVENUE E				
FORT PIERCE, F	FL 34950 US			
	FL 34950 US entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of F	lorida.
The above named o		tered office or regis	tered agent, or both, in the State of F	lorida. 04/02/2018
The above named o	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of F	
The above named o	entity submits this statement for the purpose of changing its regis ALTAMEASE BENNETT Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of F	04/02/2018
The above named of SIGNATURE:	entity submits this statement for the purpose of changing its regis ALTAMEASE BENNETT Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of F	04/02/2018
The above named of SIGNATURE: Officer/Direct	entity submits this statement for the purpose of changing its regis ALTAMEASE BENNETT Electronic Signature of Registered Agent tor Detail :			04/02/2018
The above named of SIGNATURE: Officer/Direct Title Name	entity submits this statement for the purpose of changing its regis ALTAMEASE BENNETT Electronic Signature of Registered Agent tor Detail : PD	Title	ASST. TREASURER	04/02/2018

Title

Name

Address

City-State-Zip:

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724735

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

Current Principal Place of Business:

1700 AVENUE 'E'

Title

Name

Address

City-State-Zip:

JUNIOR WARDEN

1700 AVENUE E

FORT PIERCE FL 34950

TAYLOR, CHIRSTINE JOHNSON

FILED Apr 02, 2018 **Secretary of State** CC2680679049

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

TREASURER

JOHNSON, MARY

908 HICKORY ST FT PIERCE FL 34947

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date