

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26147** (1)
1. Corporation Name
SKYCREST UNITED METHODIST CHURCH, INC.



Principal Place of Business: C/O THURMAN RIVERS, JR
2045 DREW STEEET
CLEARWATER FL 34625

Mailing Address: C/O THURMAN RIVERS, JR
2045 DREW STEEET
CLEARWATER FL 34625

3. Date Incorporated or Qualified: **04/28/1988**
3a. Date of Last Report: **04/10/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-0973010	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RIVERS, THURMAN, JR. 2045 DREW STREET CLEARWATER FL 34625				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRYSZAK, MICHAEL	1.2 NAME	
STREET ADDRESS	1595 PEACEFUL LANE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNHAM, WILLIAM R	2.2 NAME	CRAWFORD, JEAN
STREET ADDRESS	100 HAMPTON RD #208	2.3 STREET ADDRESS	1708 COUNTRY TRAILS RD
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTON, BARBARA	3.2 NAME	
STREET ADDRESS	100 HAMPTON ROAD #55	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON, DANIEL	4.2 NAME	
STREET ADDRESS	3044 EASTWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	CP <input type="checkbox"/> DELETE	5.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CORINNE	5.2 NAME	DAVIS, CORINNE
STREET ADDRESS	1932 SUMMITT DR	5.3 STREET ADDRESS	1932 SUMMITT DR
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDSAY, EDWARD R	6.2 NAME	DUDLEY, EDWARD
STREET ADDRESS	3151 TIMBERVIEW DRIVE	6.3 STREET ADDRESS	4467 SAWGRASS DR
CITY-ST-ZIP	DUNEDIN FL	6.4 CITY-ST-ZIP	PALM HARBOR FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Corinne B. Davis 3/13/96 (813)446-2218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)