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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 03/21/1996  
4. FEI Number: 59-0973010  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: RIVERS, THURMAN, JR. 2045 DREW STREET CLEARWATER FL 34625

10. Name and Address of New Registered Agent: 81 Name: Thomas H. Norton, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 2045 Drew Street 84 City: Clearwater FL 85 Zip Code: 34625

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: *Thomas H. Norton, Jr.* DATE: 3/12/97

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: PETRYSZAK, MICHAEL	STREET ADDRESS: 1595 PEACEFUL LANE N	CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE: D	NAME: CRAWFORD, JEAN	STREET ADDRESS: 1708 COUNTRY TRAILS RD	CITY-ST-ZIP: SAFETY HARBOR FL	<input type="checkbox"/> DELETE
TITLE: D	NAME: PARTON, BARBARA	STREET ADDRESS: 100 HAMPTON ROAD #55	CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE: D	NAME: MILTON, DANIEL	STREET ADDRESS: 3044 EASTWOOD DR	CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE: C	NAME: DAVIS, CORINNE	STREET ADDRESS: 1932 SUMMITT DR	CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE: VP	NAME: DUDLEY, EDWARD	STREET ADDRESS: 4467 SAWGRASS DR	CITY-ST-ZIP: PALM HARBOR FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SUMMY, EDWARD I,
6.3 STREET ADDRESS	1364 WHISPERING PINES DR
6.4 CITY-ST-ZIP	CLEARWATER FL 34624

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* DATE: 3/12/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)