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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26147 (1)

1. Corporation Name
SKYCREST UNITED METHODIST CHURCH, INC.



Principal Place of Business	Mailing Address
C/O THURMAN RIVERS, JR 2045 DREW STEEET CLEARWATER FL 34625	Thomas H. Norton, Jr. C/O THURMAN RIVERS, JR 2045 DREW STEEET CLEARWATER FL 34625

3. Date Incorporated or Qualified
04/28/1988

4. FEI Number
59-0973010

Applied For
 Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

NORTON, THOMAS H JR
2045 DREW ST
CLEARWATER FL 34625 33765

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 85. Zip Code **33765**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	PETRYSZAK, MICHAEL	
STREET ADDRESS	1595 PEACEFUL LANE N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAWFORD, JEAN	
STREET ADDRESS	1708 COUNTRY TRAILS RD	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARTON, BARBARA	
STREET ADDRESS	100 HAMPTON ROAD #55	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILTON, DANIEL	
STREET ADDRESS	3044 EASTWOOD DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DAVIS, CORINNE	
STREET ADDRESS	1932 SUMMITT DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUMMY, EDWARD I	
STREET ADDRESS	1364 WHISPERING PINES DR	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANGUS, JAMES W.	
1.3 STREET ADDRESS	2005 HILLWOOD DR	
1.4 CITY-ST-ZIP	CLEARWATER FL	
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	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NANCE, KENNETH E.	
4.3 STREET ADDRESS	18 N NIMBUS AVE	
4.4 CITY-ST-ZIP	CLEARWATER FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: Barbara Parton **SIGNATURE REQUIRED** BARBARA PARTON 1/16/98 (813)446-2218

CR2E037 (10/97)