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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N26147

1. Corporation Name

SKYCREST UNITED METHODIST CHURCH, INC.

Principal Place of Business

C/O THOMAS H NORTON JR  
2045 DREW STEEET  
CLEARWATER FL 34625 33765  
US

Mailing Address

C/O THOMAS H NORTON, JR  
2045 DREW STEEET  
CLEARWATER FL 34625 33765  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/28/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0973010

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip Country

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORTON, THOMAS H JR  
2045 DREW ST  
CLEARWATER FL 33765

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE D  DELETE  
NAME ANGUS, JAMES W  
STREET ADDRESS 2005 HILLWOOD DR  
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME CRAWFORD, JEAN  
STREET ADDRESS 1708 COUNTRY TRAILS RD  
CITY-ST-ZIP SAFETY HARBOR FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE C  DELETE  
NAME PARTON, BARBARA  
STREET ADDRESS 100 HAMPTON ROAD #55  
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE  Change  Addition  
3.2 NAME D MAUGER, PETER  
3.3 STREET ADDRESS 2035 PLATEAU RD.  
3.4 CITY-ST-ZIP CLEARWATER, FL 33755  Change  Addition

TITLE D  DELETE  
NAME NANCE, KENNETH E  
STREET ADDRESS 18 N NIMBUS AVE  
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE  Change  Addition  
4.2 NAME C FRENCH, LARRY  
4.3 STREET ADDRESS 1 BRAESIDE PL  
4.4 CITY-ST-ZIP CLEARWATER, FL 33759  Change  Addition

TITLE D  DELETE  
NAME DAVIS, CORINNE  
STREET ADDRESS 1932 SUMMITT DR  
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME SUMMY, EDWARD I  
STREET ADDRESS 1364 WHISPERING PINES DR  
CITY-ST-ZIP CLEARWATER FL

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

*Thomas H. Norton, Jr.*  
SIGNATURE REQUIRED

Thomas H. Norton, Jr.

3/10/99 446-2218

CR25037 (1/98)