

FILE NOW: FILING FEE IS \$61.25

Amended

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 NOV 10 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N26147*

1. Corporation Name
Skycrest United Methodist Church

Principal Place of Business Mailing Address
2045 Drew Street Clearwater FL 33765 *2045 Drew Street Clearwater FL 33765*

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <i>59 097 3010</i>
23	City & State	City & State	Applied For Not Applicable
24	Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<i>Thomas H. Norton 2242 Bascom way Clearwater FL 33764</i>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
			<i>FL</i>

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	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Peter Mauer</i>	1.1 TITLE	<i>D</i>	
STREET ADDRESS	<i>2035 Plateau Rd.</i>	1.2 NAME	<i>Orinne Davis</i>	
CITY-ST-ZIP	<i>Clearwater FL 33765</i>	1.3 STREET ADDRESS	<i>1932 Summit Dr.</i>	
TITLE	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<i>Clearwater FL 33763</i>	
NAME	<i>Larry French</i>	2.1 TITLE	<i>D</i>	
STREET ADDRESS	<i>1 Braeside Place</i>	2.2 NAME	<i>Daryl Jarrett</i>	
CITY-ST-ZIP	<i>Clearwater FL 33769</i>	2.3 STREET ADDRESS	<i>100 Hampton Rd lot 69</i>	
TITLE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<i>Clearwater FL 33789</i>	
NAME	<i>Jim Angus</i>	3.1 TITLE	<i>S</i>	
STREET ADDRESS	<i>2006 Hillwood Dr.</i>	3.2 NAME	<i>Jean Crawford</i>	
CITY-ST-ZIP	<i>Clearwater FL 33763</i>	3.3 STREET ADDRESS	<i>2654 Manassas Rd.</i>	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<i>Tampa FL 33635</i>	
NAME	<i>Jim Johnson</i>	4.1 TITLE	<i>D</i>	
STREET ADDRESS	<i>1122 Macrae Ave.</i>	4.2 NAME	<i>Tom Norton</i>	
CITY-ST-ZIP	<i>Clearwater FL 33755</i>	4.3 STREET ADDRESS	<i>2242 Bascom way</i>	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<i>Clearwater FL 33764</i>	
NAME	<i>Royce Loy</i>	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>2452 Chaucer St.</i>	5.2 NAME	<i>100003051071-2</i>	
CITY-ST-ZIP	<i>Clearwater FL 33765</i>	5.3 STREET ADDRESS	<i>-11/22/99-01095-011</i>	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<i>*****61.25 *****61.25</i>	
NAME	<i>Ed Summy</i>	6.1 TITLE	<i>LS</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>1364 Whispering Pines Dr.</i>	6.2 NAME		
CITY-ST-ZIP	<i>Clearwater FL 33764</i>	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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 13, 1999
Date

Daytime Phone #

CR2E037 (1/198)