

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26147

1. Entity Name

SKYCREST UNITED METHODIST CHURCH, INC. ✓

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90009 030 ****61.25

Principal Place of Business 2045 DREW STREET CLEARWATER FL 33765 US	Mailing Address 2045 DREW STREET CLEARWATER FL 33765 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-0973010	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTON, THOMAS H JR
2242 BASCOM WAY
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	MAUGER, PETER	
STREET ADDRESS	2036 PLATEAU RD.	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRENCH, LARRY	
STREET ADDRESS	1 BRAESIDE PLACE	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANGUS, TIM	
STREET ADDRESS	2005 HILLWOOD DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JIM	
STREET ADDRESS	1122 MACRAE AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOY, ROYCE	
STREET ADDRESS	2453 CHAUCER STREET	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUMMY, ED	
STREET ADDRESS	1364 WHISPERING PINES DR	
CITY-ST-ZIP	CLEARWATER FL 33764	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Crawford	
STREET ADDRESS	8654 Manassas Rd	
CITY-ST-ZIP	Tampa FL 33635	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Mauger **7/11/00** **727-446-2218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)