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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
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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 STEET
CLEARWATER FL 34625****C/O THURMAN RIVERS, JR
2045 DREW STEET
CLEARWATER FL 34625**3. Date Incorporated or Qualified **04/28/1988** 3a. Date of Last Report **03/21/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIVERS, THURMAN, JR.
2045 DREW STREET
CLEARWATER FL 34625**

81 Name

Thomas H. Norton, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

2045 Drew Street

83

84 City

Clearwater

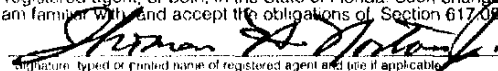
FL

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



3/12/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☒ Change ☐ 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97

Date

Daytime Phone # 0078798

CR2E037 (9/96)