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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

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	C/O THURMAN RIVERS, JR 2045 DREW STEEET CLEARWATER FL 34625

3. Date Incorporated or Qualified: **04/28/1988**
3a. Date of Last Report: **03/21/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-0973010** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: Thurman H. Rivers Jr. 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	1.1 TITLE		☐ Change ☐ Addition
NAME	PETRYSZAK, MICHAEL		1.2 NAME		
STREET ADDRESS	1595 PEACEFUL LANE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, JEAN		2.2 NAME		
STREET ADDRESS	1708 COUNTRY TRAILS RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARTON, BARBARA		3.2 NAME		
STREET ADDRESS	100 HAMPTON ROAD #55		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MILTON, DANIEL		4.2 NAME		
STREET ADDRESS	3044 EASTWOOD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, CORINNE		5.2 NAME		
STREET ADDRESS	1932 SUMMITT DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DUDLEY, EDWARD		6.2 NAME	SUMMY, EDWARD I,	
STREET ADDRESS	4467 SAWGRASS DR		6.3 STREET ADDRESS	1364 WHISPERING PINES DR	
CITY-ST-ZIP	PALM HARBOR FL		6.4 CITY-ST-ZIP	CLEARWATER FL 34624	

CR2E037 (9/96)

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: Corinne B. Davis 3/12/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0079798