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Oct 13, 1959
Daysime Phone #

FILE NOW: FILING FEE IS \$61.25				
NONPROFIT FLORIDA DEPAR	RTMENT OF STATE			
CORPORATION Katheris ANNUAL REPORT Secretar	ne <b>(tarris</b> y of State			
	ORPORATIONS	FILED	)	
DOCUMENT # 1) 0117		99 NOV 10 AM IO	ı: 27	
1. Corporation Name			<del>-</del> ·	
Skycrest United Methodist	CHURCH	SECRETARY OF S TALLAHASSEE. FL	ORIDA	
Principal Place of Business Mailing Address		-		
2045 DrewStreet 2045 Dr	ew Street			
Chearwater PC 33765 Chearw	33765			
Principal Place of Business     2a. Mailing Address		3. Date Incorporated or Qualifed		
21		4. FEI Number	Applied For	
22		59 0913010	Not Applicable	
City & State City & State	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Z <sub>1</sub> p Country Z <sub>1</sub> p 24 25 29	Country 30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Name and Address of Current Registered Agent		10. Name and Address of New Registered		
thomas H. Norton	81 Name	(0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		
2242 Bascom way		ess (P.O. Box Number is Not Acceptable)		
Oleanwater FL 33764	83			
	84 City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was used to an familiar with, and accept the obligations of, Section 617.0503, Florida Statute of the provision of the pro	thorized by the corporation	oration submits this statement for the purpose of in's board of directors. I hereby accept the appoir	changing its registered ntment as registered	
SIGNATURE				
Sky skire, typed or printed name of registered agent and title if applicable (NOTE  12. OFFICERS AND DIRECTORS	Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TI'.E C DELETE	1.1 TITLE S		☐ Change ☐ Addition	
STREFFADORERS CHEST 2036 Plate on Pri. Clearwater FL 33765	1.2 NAME 1.3 STREET ADDRESS 193	rinne Davis 32 Summit Dr.		
Chearwater FL 33765	1.4 CITY-ST-ZIP CW	earworks fl 3376	۵	
THLE D DELETE	21 TITLE DO	aryl Jarrett 20 Hampton Rd Lot 69	☐ Change ☐ Addition	
STREETADDRESS I Braeside Place	23 STREET ADDRESS 10	00 Hampton 12d Lot 69	_	
CHERROLLE FL 3375)	2.4 CITY-ST-ZIP	learwater FL 3375	<b>57'</b> ☐ Change ☐ Addition	
Tim Angus	32 NAME + F 20	an Crawford	C) C) (a) Ige	
STREET ADDRESS 2006 HIT WOOD DIT.	3.3 STREET ADURESS (2) C		Ì	
TILE DELETE	3.4. CITY-ST-ZIP LOS	mpa FL 33635	☐ Change ☐ Addition	
NAME Jim Johnson	4.2 NAME TO C	w Morton	[	
STREFTADORESS 1122 MACRAE Alei OTY-ST-ZP DREW WALL FL 33755	4.3 STREET ADDRESS 23	earwater PL 33764		
TITLE DELETE	5.1 TITLE	23 /64	Change Addition	
NAME PROJECT LOY STHEFT ADDRESS 2452 Chaucer St.	5.2 NAME 5.3 STREET ADDRESS	100003451	01095-011	
CITY-ST-ZIP CLEAR WOLLER PC 33765	5.4 CITY-ST-ZIP	*****61.25	****81.25	
TITLE DELETE	6.1 TITLE	· Fa	☐ Change ☐ Addition	
SHELLADORESS 13LOH Whispering Pines De-	6.2 NAME 6.3 STREET ADDRESS			
CITY-ST-ZIP GEOWING TO 35/164	6 4 CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and accur	ate and that my signature	shall have the same legal effect as if made under	r oath; that I am an	
officer or director of the corporation or the receiver or trustee empowered to ex Block 12 or Block 13 if changed, or on an attachment with an address, with all	ecute this report as require other like empowered.		, ,	
CICNATURE 21 21 20 XX	7	Caf 12 1959		

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OF CER OR DIRECTOR