

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26147

1. Entity Name

SKYCREST UNITED METHODIST CHURCH, INC.

Principal Place of Business

2045 DREW STREET
CLEARWATER FL 33765
US

Mailing Address

2045 DREW STREET
CLEARWATER FL 33765
US

2. Principal Place of Business

3. Mailing Address

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0973010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN CRAWFORD 8654 MANASSAS RD. TAMPA, FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK GARBER 2017 SANTIAGO WAY S. CLEARWATER, FL 33763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

James F. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES F JOHNSON

4/17/01

727-442-8251

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90097 050 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)