


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90040 035 ****61.25

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



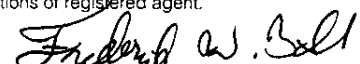
MOORE CR2E037 (11/03)

4. FEI Number 59-0973010	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 FREDERICK W. BALL	
Street Address (P.O. Box Number is Not Acceptable) SAME	
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	FREDERICK W. BALL, PASTOR (NOTE: Registered Agent signature required when reinstating)	3/26/04 DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME MAUGER, PETER	
STREET ADDRESS 2035 PLATEAU RD.	
CITY-ST-ZIP CLEARWATER FL 33755	
TITLE C	<input type="checkbox"/> Delete
NAME FRENCH, LARRY	
STREET ADDRESS 1 BRAESIDE PLACE	
CITY-ST-ZIP CLEARWATER FL 33759	
TITLE D	<input type="checkbox"/> Delete
NAME GARBER, JACK	
STREET ADDRESS 2017 SANTIAGO WAY SOUTH	
CITY-ST-ZIP CLEARWATER FL 33763	
TITLE D	<input type="checkbox"/> Delete
NAME DALL, JO	
STREET ADDRESS 2109 UNIVERSITY DR. SO.	
CITY-ST-ZIP CLEARWATER FL 33764	
TITLE D	<input type="checkbox"/> Delete
NAME PEITSCH, EILEEN	
STREET ADDRESS 2878 MONTROSE LANE	
CITY-ST-ZIP CLEARWATER FL 33761	
TITLE D	<input checked="" 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 MIKE PETRYSZAK	
STREET ADDRESS 1595 PEACEFUL LANE N.	
CITY-ST-ZIP CLEARWATER, FL 33756	
TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRENCH, LARRY	
STREET ADDRESS 555 5TH AVE NE, STE. 1143	
CITY-ST-ZIP ST. PETERSBURG, FL 33701	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARBER, JACK	
STREET ADDRESS 2017 SANTIAGO WAY SOUTH	
CITY-ST-ZIP CLEARWATER FL 33763	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DALL, JO	
STREET ADDRESS 2109 UNIVERSITY DR. SO.	
CITY-ST-ZIP CLEARWATER FL 33764	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEITSCH, EILEEN	
STREET ADDRESS 2878 MONTROSE LANE	
CITY-ST-ZIP CLEARWATER FL 33761	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUMMY, ED	
STREET ADDRESS 1364 WHISPERING PINES DR	
CITY-ST-ZIP CLEARWATER FL 33764	

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.	
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SIGNATURE: 	3/26/04 Date	(727) 446-2218 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		