

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26147

FILED
Mar 08, 2005
Secretary of State

Entity Name: SKYCREST UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

2045 DREW STREET
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

2045 DREW STREET
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-0973010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALL, FREDRICK W
2242 BASCOM WAY
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAUGER, PETER
Address: 2035 PLATEAU RD.
City-St-Zip: CLEARWATER, FL 33755

Title: C () Delete
Name: FRENCH, LARRY
Address: 555 5TH AVE NE, STE. 1143
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: GARBER, JACK
Address: 2017 SANTIAGO WAY SOUTH
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: DALL, JO
Address: 2109 UNIVERSITY DR. SO.
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: PEITSCH, EILEEN
Address: 2878 MONTROSE LANE
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: PETRYSZAK, MIKE
Address: 1595 PEACEFULL LANE N
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY FRENCH

C

03/08/2005

Electronic Signature of Signing Officer or Director

Date