

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90107 016 ****61.25

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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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

**NORTON, THOMAS H JR
2242 BASCOM WAY
CLEARWATER FL 33764**

Name

BALL, FRED W.

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

Frederick W. Ball Pastor, (Frederick W. Ball) April 8, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDANIEL, PETER	
STREET ADDRESS	2737 NAVAL DR	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<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	C	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JIM	
STREET ADDRESS	1122 MACRAE AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEITSCH, EILEEN	
STREET ADDRESS	2878 MONTROSE LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUMMY, ED	
STREET ADDRESS	1364 WHISPERING PINES DR	
CITY-ST-ZIP	CLEARWATER FL 33764	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUGER, PETER	
STREET ADDRESS	2035 PLATEAU RD	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALL, JO	
STREET ADDRESS	2109 UNIVERSITY DR. So.	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Frederick W. Ball President

4-2-03 727-446-2218

CR2E037 (10/02)