

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26147

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC2494567719**

**Entity Name:** SKYCREST UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

2045 DREW STREET  
CLEARWATER, FL 33765

**Current Mailing Address:**

2045 DREW STREET  
CLEARWATER, FL 33765 US

**FEI Number: 59-0973010**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

OLIVER, EMILY  
2045 DREW STREET  
CLEARWATER, FL 33765 US

*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:** EMILY OLIVER

03/19/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name LONG, DARELL  
Address 9378 127TH AVE N  
City-State-Zip: LARGO FL 33773

Title OFFICER  
Name JESTER, PHIL  
Address 2086 LONG BOW LANE  
City-State-Zip: CLEARWATER FL 33764

Title OFFICER  
Name STILLWELL, JENNIFER  
Address 1633 MONTEREY DR  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name SIEGLING, PAT  
Address 11830 94TH AVE N  
City-State-Zip: SEMINOLE FL 33772

Title OFFICER  
Name BISHOP, GREG  
Address 2109 BURNICE DR  
City-State-Zip: CLEARWATER FL 33764

Title OFFICER  
Name FRENCH, JOANN  
Address 555 5TH AVE NE  
STE. 1143  
City-State-Zip: ST PETERSBURG FL 33701

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAT SIEGLING

**DIRECTOR**

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date