

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26147

**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:**HOTH0, 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 D HOTH0

02/21/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CAMPBELL, DORIS  
Address 1219 NORWOOD DRIVE  
City-State-Zip: CLEARWATER FL 33756

Title OFFICER  
Name MULLIS, ROBERT  
Address 1616 RACHEL COURT  
City-State-Zip: CLEARWATER FL 33756

Title OFFICER  
Name NEWMAN, APRIL  
Address 25 N BELCHER RD  
APT F61  
City-State-Zip: CLEARWATER FL 33765

Title OFFICER  
Name KNAPP, SALLY  
Address 2400 FRANCISCAN DRIVE  
#52  
City-State-Zip: CLEARWATER FL 33763

Title OFFICER  
Name PERSHING, BRIAN  
Address 2980 HAINES BAYSHORE RD  
APT 105  
City-State-Zip: CLEARWATER FL 33760-1521

Title OFFICER  
Name WININSKY, DYLAN  
Address 1306 RANCHWOOD DRIVE  
City-State-Zip: CLEARWATER FL 33764

*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:** DORIS CAMPBELL**DIRECTOR**

02/21/2019

Electronic Signature of Signing Officer/Director Detail

Date