

2017 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:**HOTH, 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 HOTH

02/03/2017

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 BLAKESLEE, DAVID
Address 7116 HIDEAWAY TRAIL
City-State-Zip: NEW PORT RICHEY FL 34665

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

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

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

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, TRUSTEES**

02/03/2017

Electronic Signature of Signing Officer/Director Detail

Date