

**2018 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

03/07/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

*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

03/07/2018

Electronic Signature of Signing Officer/Director Detail

Date