
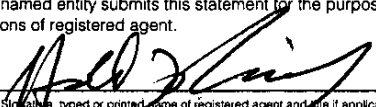
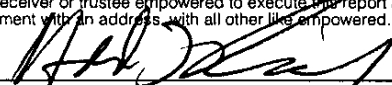


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90186 030 ****61.25

DOCUMENT # 709834 1. Entity Name SKYCREST BAPTIST CHURCH, INC.					
Principal Place of Business 125 BELCHER ROAD, N CLEARWATER, FL 33765			Mailing Address 125 BELCHER ROAD, N CLEARWATER, FL 33765		
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 70-9834620	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHOOLER, LARRY 731 OBERLIN DR CLEARWATER, FL 33765				Name TOM PICARME Street Address (P.O. Box Number is Not Acceptable) 2855 QUAIL HOLLOW RD W City CLEARWATER FL Zip Code 33761-3023	
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  4/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASH, EDWARD		NAME		
STREET ADDRESS	3004 WESTRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34691		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEAVERS, PAUL		NAME		
STREET ADDRESS	208 N BAY HILLS BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 346954903		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, LEE		NAME		
STREET ADDRESS	1438 HIGHFIELD DR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 337642549		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCONIHAY, STEVE		NAME		
STREET ADDRESS	2350 LAKESHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE STRATTON		NAME		
STREET ADDRESS	1200 HARBOR HILLS DR		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33770-4026		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Harold T. Richardson 4/24/06 727-726-4938 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					