

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26147

FILED
Apr 03, 2009
Secretary of State

Entity Name: SKYCREST UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

2045 DREW STREET
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

2045 DREW STREET
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-0973010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALL, FREDRICK W
2242 BASCOM WAY
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAIN, PAUL
Address: 2087 DRUID ROAD E
City-St-Zip: CLEARWATER, FL 33764

Title: C () Delete
Name: JARRETT, GEORGE
Address: 100 HAMPTON RD, #59
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: GARBER, JACK
Address: 2017 SANTIAGO WAY SOUTH
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: DALL, JO
Address: 2109 UNIVERSITY DR. SO.
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: PARTON, BARBARA
Address: 2974 FEATHER DR
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: SAVAGE, GLENN
Address: 2315 TUDOR LN
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CRITES, JIM
Address: 210 ANNA DR
City-St-Zip: CLEARWATER, FL 33765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PERSHING, BRIAN
Address: 2980 HAINES BAYSHORE RD #105
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE JARRETT

C

04/03/2009

Electronic Signature of Signing Officer or Director

Date