

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714838** (0)
1. Corporation Name
PRESBYTERIAN CHURCH OF THE COVENANT (U.S.A), INC



Principal Place of Business 7950 SOUTH TAMiami TRAIL SARASOTA FL 34231-6846	Mailing Address 7950 SOUTH TAMiami TRAIL SARASOTA FL 34231-6846
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3. Date Incorporated or Qualified 06/26/1968
4. FEI Number 59-1960058
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HARLOW, HOWARD W. 7950 S. TAMiami TR. SARASOTA FL 34231

10. Name and Address of New Registered Agent 81 Name Timm, Douglas A. 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Douglas A. Timm* 6/30/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	CRAIN, RONNALYN
STREET ADDRESS	7950 S TAMiami TR
CITY-ST-ZIP	SARASOTA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	STUCKY, MARVIN
STREET ADDRESS	262 YACHT HARBOR DRIVE
CITY-ST-ZIP	OSPREY FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HARLOW, HOWARD N.
STREET ADDRESS	489 LAURENCIN DR.
CITY-ST-ZIP	NOKOMIS FL
TITLE	<input type="checkbox"/> DELETE
NAME	See
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	all names on list
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	Elders/Trustees
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	T
1.3 STREET ADDRESS	2507 Carlisle Pl
1.4 CITY-ST-ZIP	Sarasota, FL 34231
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Timm, Douglas
2.3 STREET ADDRESS	5471 Creeping Hammock Dr.
2.4 CITY-ST-ZIP	Sarasota, FL 34231
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gabriel, Marilyn
3.3 STREET ADDRESS	6646 Avenue B
3.4 CITY-ST-ZIP	Sarasota, FL 34231
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	attached list
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	are
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Douglas A. Timm* 6/30/98

CR2E037 (10/97)

Elders/Trustees

Trustee

Carrie Gabriel
5691 Westwind Lane
Sarasota, FL 34231

Trustee

Ron Flesch
PO Box 6436
Bradenton, FL 34281

Trustee

Marilyn Gabriel
6646 Avenue B
Sarasota, FL 34231

Trustee

Cliff Maesaka
288 Venice Golf & CC Drive
Venice, FL 34292

Trustee

Doug Timm
5471 Creeping Hammock Drive
Sarasota, FL 34231



Trustee

Marian Harlow
469 Laurencin Drive
Nokomis, FL 34275

Trustee

Ronnie Crain
2507 Carlisle Place
Sarasota, FL 34231

Trustee

Maxine Lowman
189 Jeffrey Drive
Sarasota, FL 34238

Trustee

Charles Hillyer
7979 S Tamiami Trail
Sarasota, FL 34231

Trustee

Bud Cox
2502 Java Plum Avenue
Sarasota, FL 34232

Trustee

Sally King
2013 Linwood Way
Sarasota, FL 34232

Trustee

Mel Deming
18 Southwinds Drive
Sarasota, FL 34231

Trustee

Judy Kraut
PO Box 1864
Venice, FL 34284