

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714838

1. Entity Name

PRESBYTERIAN CHURCH OF THE COVENANT, INC., P.C.(

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90022 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7950 SOUTH TAMiami TRAIL  
SARASOTA FL 34231-6846

7950 SOUTH TAMiami TRAIL  
SARASOTA FL 34231-6846

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1960058

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TIMMY, DOUGLAS A-~~  
7950 S. TAMiami TR.  
SARASOTA FL 34231

Name  
**HACKETT, RUSS**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

*Russ Hackett* *Treasurer*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**CRAIN, RONNALYN**  
**2507 CARLISE PL**  
**SARASOTA FL 34231**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**KING, SALLY**  
**2013 Linwood Way**  
**Sarasota, FL 34232**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**TIMM, DOUGLAS**  
**5471 CREEPING HAMOCH DR**  
**SARASOTA FL 34231**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**MORSE, BILL**  
**1510 Pelican Point Dr.**  
**Sarasota, FL 34231**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**GABRIEL, MARILYN**  
**6646 AVE B**  
**SARSOTA FL 34231**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**Stratton, Penny**  
**2950 Clark Road #214**  
**Sarasota, FL 34231**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**HILLYER, CHARLES**  
**7976 S. TAMiami TR.**  
**SARASOTA FL 34231**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**Billib, Derck**  
**5418 Siesta Cove Drive**  
**Sarasota, FL 34242**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**KRAUL, JUDY**  
**PO BOX 1864**  
**VENICE FL 34281**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ET**  
**Cox, Franklin**  
**2502 Java Plum Ave**  
**Sarasota, FL 34232**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**MEG, RICHMOND**  
**341 BAYSHORE DR.**  
**OSPREY FL 34229**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**Hackett, Russ**  
**1203 Windward Dr**  
**Osprey, FL 34229**

☐ Change

☒ Addition

12. 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 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:

*Russ Hackett* **JOINED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00

Date

922-5509

Daytime Phone #

CR2E037 (9/99)