

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90342 024 \*\*\*\*61.25

**DOCUMENT # 714838**

1. Entity Name

**PRESBYTERIAN CHURCH OF THE COVENANT, INC., P.C.(  
U.S.A.)**

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

**HACKETT, RUSS  
7950 S. TAMiami TR.  
SARASOTA FL 34231**

Name

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **KING, SALLY**  
CITY-ST-ZIP **2013 LINWOOD WAY  
SARASOTA FL 34232**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **JOHN KACINKO**  
CITY-ST-ZIP **509 ORANGE BLOSSOM LANE  
NOKOMIS, FL 34275**

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

TITLE ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **MARV STUCKY**  
CITY-ST-ZIP **262 YACHT HARBOR DRIVE  
OSPREY, FL 34229**

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

TITLE ☒ Change ☐ Addition  
NAME **KRAUT, JUDY**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**  
TREASURER, P.C.C.

4-1-02

(941) 922-5509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)