

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90209 043 *****61.25

DOCUMENT # 714838

1. Entity Name

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



Principal Place of Business

**7950 SOUTH TAMiami TRAIL
SARASOTA FL 34231-6846**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-1960058**

Applied For

Not Applicable

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

Judith Bremer

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

7950 S. Tamiami Tr.

City

Sarasota

FL

Zip Code

34231

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

Judith A. Bremer, Treasurer

3/28/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	CRAIN, RONNALYN	
STREET ADDRESS	2507 CARLISE PL	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	T	<input type="checkbox"/> Delete
NAME	KING, SALLY	
STREET ADDRESS	2013 LINWOOD WAY	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KACINKO, JOHN	
STREET ADDRESS	509 ORANGE BLOSSOM LANE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HILLYER, CHARLES	
STREET ADDRESS	262 YACHT HARBOR DRIVE	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRAUT, JUDY	
STREET ADDRESS	PO BOX 1864	
CITY-ST-ZIP	VENICE FL 34281	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEG, RICHMOND	
STREET ADDRESS	341 BAYSHORE DR.	
CITY-ST-ZIP	OSPREY FL 34229	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith Bremer	
STREET ADDRESS	9542 Forest Hills Circle	
CITY-ST-ZIP	Sarasota FL 34238	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marvin Stucky	
STREET ADDRESS	262 Yacht Harbor Dr	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Judith A. Bremer** 3/28/03 941-922-5509

CR2E037 (10/02)