

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90055 024 \*\*\*\*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**

**50013277**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192005 Chg-NP CR2E037 (10/03)

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

**BREMER, JUDITH  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Judith A Bremer*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/05  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

TITLE ☒ Change ☐ Addition  
NAME **LEWIS, KATHRYN**  
STREET ADDRESS **6419 CANARY ST.**  
CITY-ST-ZIP **SARASOTA, FL 34241**

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

TITLE ☒ Change ☐ Addition  
NAME **MINER, TOM**  
STREET ADDRESS **2493 BREAKWATER CIRCLE**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **BREMER, JUDITH**  
CITY-ST-ZIP **9542 FOREST HILLS CIR.  
SARASOTA, FL 34238**

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

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **STUCKY, MARVIN**  
CITY-ST-ZIP **262 YACHT HARBOR DR.  
OSPREY, FL 34229**

TITLE ☒ Change ☐ Addition  
NAME **MANSPERGER, LINDA**  
STREET ADDRESS **4609 OAK FOREST DR. E.**  
CITY-ST-ZIP **SARASOTA, FL 34231**

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

TITLE ☒ Change ☐ Addition  
NAME **GILBERT, FRANK**  
STREET ADDRESS **7751 U.S. OPEN LOOP**  
CITY-ST-ZIP **BRADENTON, FL 34202**

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

TITLE ☒ Change ☐ Addition  
NAME **GILBERT, MARI ON**  
STREET ADDRESS **7751 U.S. OPEN LOOP**  
CITY-ST-ZIP **BRADENTON, FL 34202**

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* 2/1/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #