


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90044 049 \*\*\*\*61.25

<b>DOCUMENT # 714838</b>					
<b>1. Entity Name</b> PRESBYTERIAN CHURCH OF THE COVENANT, INC., P.C.(U.S.A.)					
<b>Principal Place of Business</b> 7950 SOUTH TAMiami TRAIL SARASOTA, FL 34231-6846			<b>Mailing Address</b> 7950 SOUTH TAMiami TRAIL SARASOTA, FL 34231-6846		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1960058	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BREMER, JUDITH 7950 S. TAMiami TR. SARASOTA, FL 34231				<b>7. Name and Address of New Registered Agent</b>	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, KATHRYN		NAME		
STREET ADDRESS	6419 CANARY ST		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34241		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINER, TOM		NAME		
STREET ADDRESS	2493 BREAKWATER CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34232		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREMER, JUDITH		NAME		
STREET ADDRESS	9542 FOREST HILLS CIR.		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34238		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANSPERGER, LINDA		NAME		
STREET ADDRESS	4609 OAK FOREST DR E.		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL 34202		CITY - ST - ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, FRANK		NAME	Morse, William	
STREET ADDRESS	7751 US OPEN LOOP		STREET ADDRESS	1510 Pelican Point Dr # 167	
CITY - ST - ZIP	BRADENTON, FL 34202		CITY - ST - ZIP	Sarasota, FL 34231	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAUT, JUDITH		NAME		
STREET ADDRESS	24 GULF MANOR DR		STREET ADDRESS		
CITY - ST - ZIP	VENICE, FL 34285		CITY - ST - ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Judith A Bremer</u> <u>Judith A. Bremer</u> <u>2/12/07</u> <u>941-9660394</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					