


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 743721**

1. Entity Name  
**BRIDGES COVENANT CHURCH, INC.**



Principal Place of Business      Mailing Address

**1100 ST. CLAIR ABRAMS AVE.  
TAVARES FL 32778  
US**      **1100 ST. CLAIR ABRAMS AVE.  
TAVARES FL 32778  
US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/07)

**6. Name and Address of Current Registered Agent**

**MARK ANDREWS  
1100 ST. CLAIR ABRAMS AVE.  
TAVARES FL 32778**

4. FEI Number      Applied For

**51-0247940**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

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

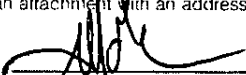
**10. OFFICERS AND DIRECTORS**

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | PD                         | <input type="checkbox"/> Delete |
| NAME           | ANDREWS, MARK              |                                 |
| STREET ADDRESS | 1100 ST. CLAIR ABRAMS AVE. |                                 |
| CITY-ST-ZIP    | TAVARES FL 32778           |                                 |
| TITLE          | VD                         | <input type="checkbox"/> Delete |
| NAME           | LARSON, MARK               |                                 |
| STREET ADDRESS | 2018 80TH STREET NORTH     |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33710    |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                          |   |
|----------------|--------------------------|---|
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |   |
| STREET ADDRESS | U00000832409             |   |
| CITY-ST-ZIP    | 02/27/08-80057-023 61.25 |   |
| 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          |                          | <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 exemptions contained in Section 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.

SIGNATURE:  Mark Andrews

2/13/08 352-343-0917