

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90031 034 \*\*\*\*61.25

**DOCUMENT # 744126**

1. Entity Name  
**COVENANT PRESBYTERIAN CHURCH OF MELBOURNE, INC.**



Principal Place of Business  
**720 EMERSON DR., N.E.  
PALM BAY, FL 32907**

Mailing Address  
**720 EMERSON DR., N.E.  
PALM BAY, FL 32907**

**40067141**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**59-2357444**

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

**PRENTICE, JOHN  
781 VANCE CIRCLE  
PALM BAY, FL 32905**

7. Name and Address of New Registered Agent

Name

**Robert Jensen**

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

**653 Sheridan Woods Drive**

City

**West Melbourne**

FL

Zip Code

**32904**

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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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  
NAME THURMAN, STAN  
STREET ADDRESS 407 WAYLAND RD. SW  
CITY-ST-ZIP PALM BAY, FL 32908 ☐ Delete

TITLE TD  
NAME PRENTICE, JOHN  
STREET ADDRESS 781 VANCE CIRCLE  
CITY-ST-ZIP PALM BAY, FL ☐ Delete

TITLE SD  
NAME BRANGWIN, DAVE  
STREET ADDRESS 2548 TEMPLE STREET NE  
CITY-ST-ZIP PALM BAY, FL 32905 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE TD  
NAME Robert Jensen  
STREET ADDRESS 653 Sheridan Woods Drive  
CITY-ST-ZIP West Melbourne, FL 32904 ☒ Change ☐ Addition

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

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

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

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

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #