NONPROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 740181

1. Corporation Name

COVINGTON THEOLOGICAL SEMINARY, INC.

Principal Place of Business 1507 CROSS STREET P O BOX 176 ROSSVILLE GA 30741

Mailing Address 1507 CROSS STREET P O BOX 176

ROSSVILLE GA 30741

**FILED** Feb 25, 1999 8:00 am **Secretary of State** 

02-25-1999 90080 048 \*\*\*\*61.25

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2. Principal Place of Business		2a. Mailing Address			3. Date incorporated or Qualifed 09/19/1977			
		26 1168 Cross Street		t	4. FEI Number		plied For	1
Suite, Apt. #, etc.		Suite, Apt, #, etc.			58-1554537	<b></b>	t Applicable	1
		27						1
City & State		City & State	<b>-</b> ¬ '		5. Certificate of Status Desired Security Securi			]
Zip	Country Zip		_Country		6. Election Campaign Financing	\$5.00	May Be	
24	25 29 3		രി		Trust Fund Contribution	Added t	o Fees	1
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		ent		]
			8	Name				
OTT, HENRY J MRS				Street Addre	ess (P.O. Box Number is Not Acceptable)			1
4107 PECAN LANE				Circo Acon	as (i .o. box (talliab) to trot, acceptance)			1
ORLANDO FL 32812				3				1
OFILMIDO FE SECTE				1 0:		85 Zip C		1
				City	FL	_		ļ
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agriculture required when reinstating)  OATE								
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	RS IN 12	(11/98)
ΠΤLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition	Ξ
NAME	BROWN, RAYMOND H, DR		1.2 NAME					12
STREET ADDRESS	1066 HURRICANE CREEK DR.		1.3 STRE	ET ADDRESS				Ì
CITY-ST-ZIP	CHATTANOOGA, TN 00000		1.4 CITY-ST-ZIP					R2E037
TITLE	VD	DELETE 2.		5.2		Change	Addition	ᄗ
NAME	CONNER, KENNETH E.	221		1				
STREET ADDRESS	144 DOGOWOODD DR		2.3 STREET ADDRESS					
	CALHOUN GA 30701		2.4 CITY-ST-ZIP					ı
CITY-ST-ZIP			3.1 TITLE	51-21F		Change	Addition	ĺ
ŧ	BROWN, REBA O. DR	32N				- '		İ
NAME	The state of the s		}	ì			'	1
STREET ADDRESS	CHARTALICACE TO COMMO			STREET ADDRESS ILCHY-ST-ZIP			_	
CITY-ST-ZIP			4.1 TITLE			Change ~	- Addition	
TITLE			4.2 NAME		-		-	1
NAME			ŀ	ET ADDRESS				
STREET ADDRESS				·				1
CTTY-ST-ZIP		☐ DELETE	4.4 CITY-	ST-ZIP		Change	Addition	l
TIFLE		□ octese	5.1 TITLE 5.2 NAME	İ	_	_ C//D//gC		ĺ
NAME		•	•				•	
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			5.4 OTY-	ST-ZIP		101	Addition	1
TITLE		☐ DELETE	6.1 TITLE	1	Ĺ	] Change		
NAME			62 NAME				!	1
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CITY-					ĺ
14. Thereby c	entify that the information supplied with	this filing does not qualify for th	е ехетр	tion stated in Si	ection 119.07(3)(I), Florida Statutes. I further cartify	that the ir	iformation	

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE DEED HIPSTOWN, President January 27, 1999 (706)866-5626