

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90230 007 ****61.50

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DOCUMENT # 846989

1. Corporation Name

COVENANT, INC.

Principal Place of Business

104 NORTH 6TH SUITE 1
P.O. BOX 157
ATCHISON KS 66002-0157

Mailing Address

104 NORTH 6TH SUITE 1
P.O. BOX 157
ATCHISON KS 66002-0157



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/18/1980

4. FEI Number

48-0857769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

EASH, WINK AND DIANA
2401 STONEHILL AVENUE
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS CROSS, JIM & LUARA
CITY-ST-ZIP 1204 DAVINBROOK DRIVE
OKLAHOMA CITY OK

TITLE ☐ DELETE
NAME S
STREET ADDRESS PINNER, DAVE & MARY
CITY-ST-ZIP 4150 W.DAHLIA DRIVE
PHOENIX AZ

TITLE ☐ DELETE
NAME T
STREET ADDRESS WALSH, ANDY & ALICE
CITY-ST-ZIP 27352 PINEVIEW DR
WESTLAKE OH 44145

TITLE ☒ DELETE
NAME D
STREET ADDRESS STAINES, MORGAN AND ANN
CITY-ST-ZIP 4206 ZEPHYR WAY
SACRAMENTO CA

TITLE ☒ DELETE
NAME D
STREET ADDRESS ROTHHAAR, TOM & LAURA
CITY-ST-ZIP 8004 E. WOODSBORO AVE.
ANAHEIM CA

TITLE ☐ DELETE
NAME D
STREET ADDRESS SOWERS, STEVE & RITA
CITY-ST-ZIP 305 SUNBLEST BLVD.
FISHERS IN

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D
4.3 STREET ADDRESS ROBEY, JERRY & DONNA
4.4 CITY-ST-ZIP 1736 RIDGE DR.
FREEPORT, IL 61032

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS JONES, BOB & CAROL
5.4 CITY-ST-ZIP 202 S. WARREN
BIG RAPIDS, MI 49307

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)