



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90200 017 ****61.25

DOCUMENT # 846989 1. Entity 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 Suite, Apt. #, etc.		3. Mailing Address 2772 Wildwood Dr Suite, Apt. #, etc.			
City & State		City & State Clearwater FL		4. FEI Number 48-0857769	
Zip 33761		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIMES, DONALD S 2772 WILDWOOD DR CLEARWATER, FL 33761				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, DEB &, HARRY <input type="checkbox"/> Delete 2281 S. YOUNGFIELD ST. DENVER, CO 80228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURDGE, BRENT & CAROLE <input type="checkbox"/> Delete 1 BIRCH KNOLE ROAD WILMINGTON, DE 19810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALRIAT, STEVE & CINDY <input type="checkbox"/> Delete 1086 W. KING RDS-113 MALVERN, PA 19355		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, EARL & EUNICE <input type="checkbox"/> Delete 701 OAKMONT HASTINGS, NE 68901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANES, TIM &, LINDA <input type="checkbox"/> Delete 7607 WINDSOR DR DUBLIN, OH 43016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, DON & VIVIAN <input type="checkbox"/> Delete P.O. BOX 351 BUFFALO, TX 75831		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <u>Donald S. Himes</u> Donald S. Himes 1-17-04 (727) 726-6561 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					