FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000005231 (2)

COVENANT THEOLOGICAL SEMINARY, A CORPORATION

ļ								# (1000) (100) (100)
Principal Place of Business Mailing Address							UVIII ADIOLOJIJA ŠIBU:	
12330 CONWAY RD. 12330 CONWAY RD.						3. Date Incorporated or Qualified		
ST LOUIS MO	63141	ST LOUIS MO 63141				I		
						10/06/1997 4. FEI Number		
					i			Applied For
2. Principal F	Place of Business	2a. Mailing Address				43-0863116		Vot Applicable
21	1808 Or Dualitiess	26 Vialing Address				5. Certificate of Status Desired		Additional
Suite, Apt.	# etc.	Suite, Apt. #, etc.				 		Required
22	п, фіф.		27			6. Election Campaign Financing		May Be
City & Stat	ite	City & State				Trust Fund Contribution	- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to Fees
23	N	28				7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip Zip						
24	25	29	, i <u>—</u> 1			8. This corporation owes or has paid to		
24	9. Name and Address of (30			Personal Property Tax due June 30. 10. Name and Address of New Regist		□ No
	4	Saltone Logarita Again		81 N	Name	IV. Mattie and Address of Men begist	erea Agent	
MOODE	" 1 ****N/ 18/ OD		1	٠ ا	vanie			
	E, LANNY W SR		82 Street Ad		Street Addres	ss (P.O. Box Number is Not Acceptable)		
	ENNESAW ST.							
FIMYE	RS FL 33916		['	83				
			<u> </u>	84 C	City	·	85 Zip	Code
					•			
11. Pursuant	to the provisions of Sections 6*	17.0502 and 617.1508, Florida State	ites, the ab	ove-na	amed corpor	ration submits this statement for the purporn's board of directors. I hereby accept the	ose of changing	its registered
agent. I a	am familiar with, and accept the	a obligations of, Section 617.0503, F	Horida Stati	i by tan utes.	e corporation	n's board of directors. I nereby accept the	e appointment as	s registerea
SIGNATURE	•	-						
	Signature, typed or printed name of registr		TE: Registered	Agent si	ignature required		DATE	
12.		RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	D	☐ DELETE	1.1 TITE	Œ		ı	☐ Change	Addition
NAME	ALEXANDER, PAUL REV		1.2 NAM	ME				
STREET ADDRESS	1400 EVANGEL DR.		1.3 STF	REET ADD	DRESS			
CITY-ST-ZIP	HUNTSVILLE AL 35802		1.4 CIT	1.4 CITY-ST-ZIP		'		
TITLE	D	☐ DELETE	2.1 TITL				Сhange	☐ Addition
NAME	HAY, WILLIAM G REV	HAY, WILLIAM G REV		ME				
STREET ADDRESS	228 CREST DR.		2.3 STREET ADDRESS		ORESS			
CITY-ST-ZIP	BIRMINGHAM AL 35209	,	2. 4 CITY-					
TITLE	D DELETE			3.1 TITLE			Change	Addition
NAME	TI (DI IED MAI) TEO		3.2 NAM					
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP	PITTSBURG PA 15235			3.4. CITY-ST-ZIP				
DTLE			3.4. CHY 4.1 TITL		IP		Change	Addition
NAME	LEDDING WILLIAM CO.		. I				☐ Cliande	☐ WOULD'U
STREET ADDRESS	COTA DAMES OF ANTATION OF		4. 2 NAN					
	METADO NO TAL COLOR			EET ADDF	l l			
CITY-ST-ZIP				Y-ST-Z!P	<u> </u>			
TITLE	D COCNOED IOUN E	☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAM					
STREET ADDRESS			5.3 STRE	5.3 STREET ADDRESS				
CITY-ST-ZIP				Y-ST-ŽIP	P			
TITLE			6.1 TITLE	E			Change	☐ Addition
NAME .			6.2 NAM	6.2 NAME				
STREET ADDRESS	16 FAIRWAY DR.		63 STB1	FET ADDS	geog			

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.

CITY-ST-ZIP

QUARRYVILLE PA 17566

REQUIRED

FILED

Feb 02 1998 8:00am

Secretary of State