


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90062 009 ****61.25

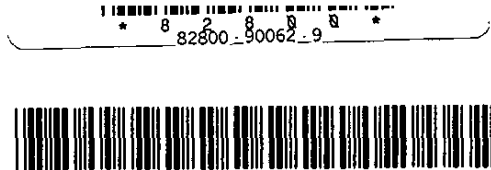
0081965

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F97000005231

1. Corporation Name
COVENANT THEOLOGICAL SEMINARY, A CORPORATION

Principal Place of Business 12330 CONWAY RD. ST LOUIS MO 63141	Mailing Address 12330 CONWAY RD. ST LOUIS MO 63141
--	--



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/06/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 43-0863116
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MOORE, LANNY W SR 3095 KENNESAW ST. FT MYERS FL 33916	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, PAUL REV	1.2 NAME	
STREET ADDRESS	1400 EVANGEL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL 35802	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAY, WILLIAM G REV	2.2 NAME	
STREET ADDRESS	228 CREST DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35209	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, WALTER	3.2 NAME	
STREET ADDRESS	159 SPRING GROVE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURG PA 15235	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, WAYNE C REV	4.2 NAME	
STREET ADDRESS	9074 DAVIES PLANTATION RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38133	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, JOHN E	5.2 NAME	
STREET ADDRESS	3500 MILL RUN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMENDING, HUDSON	6.2 NAME	
STREET ADDRESS	16 FAIRWAY DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	QUARRYVILLE PA 17566	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, on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 1/30/99 941-337-1123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)