## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F97000005231

Entity Name: COVENANT THEOLOGICAL SEMINARY, A CORPORATION

FILED Jan 07, 2002 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
12330 CONWAY RD. ST LOUIS, MO 63141				
Current Mailing Address:			New Mailing Address:	
12330 CONWAY RD. ST LOUIS, MO 63141				
FEI Number: 43-0863116 FEI Number Applied For ( ) FEI Number		mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
MOORE, LANNY W SR 3095 KENNESAW ST. FT MYERS, FL 33916 US				
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.				
SIGNATURE:				
	Electroni	c Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () ALEXANDER, PA 1400 EVANGEL HUNTSVILLE, AI	DR.	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition HAMBY, ROBERT 405 CRESCENT AVENUE GREENVILLE, SC 29605
Title: Name: Address: City-St-Zip:	D () HAY, WILLIAM O 228 CREST DR. BIRMINGHAM, A		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition STEPHENSON, CRAIG 111 PRESTON GRANDE WAY MORRISVILLE, NC 27560
Title: Name: Address: City-St-Zip:	D () TURNER, WALT 159 SPRING GR PITTSBURG, PA	OVE RD.	Title: Name: Address: City-St-Zip:	O (X) Change ( ) Addition TURNER, WALTER M 159 SPRING GROVE RD. PITTSBURG, PA 15235
Title: Name: Address: City-St-Zip:	D () HERRING, WAY 9074 DAVIES PI MEMPHIS, TN 3	_ANTATION RD.	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition ELLINGSWORTH, RICHARD 33 HICKORY MEADOW ROAD HUNT VALLEY, MD 21030
Title: Name: Address: City-St-Zip:	D () SPENCER, JOH 3500 MILL RUN BIRMINGHAM, A	RD.	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition KRAMER, JOHN H 8 ROBIN HILL ST. LOUIS, MO 63124
Title: Name: Address: City-St-Zip:	D () ARMENDING, HI 16 FAIRWAY DE QUARRYVILLE,	₹.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER M TURNER O 01/07/2002