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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	Mailing Address
12330 CONWAY RD. ST LOUIS MO 63141	12330 CONWAY RD. ST LOUIS MO 63141

82800-90062-9

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/06/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 43-0863116 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOORE, LANNY W SR 3095 KENNESAW ST. FT MYERS FL 33916	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 ☐ DELETE	1.1 TITLE	☐ Change ☐ 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 ☐ DELETE	2.1 TITLE	☐ Change ☐ 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 ☐ DELETE	3.1 TITLE	☐ Change ☐ 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 ☐ DELETE	4.1 TITLE	☐ Change ☐ 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 ☐ DELETE	5.1 TITLE	☐ Change ☐ 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 ☐ DELETE	6.1 TITLE	☐ Change ☐ 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	

CR2E037 (11/98)

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