2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700005231

COVENANT THEOLOGICAL SEMINARY, A CORPORATION

Principal Place of Business 12330 CONWAY RD. 57 LOUIS MO 63141

Mailing Address

12330 CONWAY RD. ST LOUIS MO 63141-8609

2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 43-0863116 Not Applicable \$8.75 Additional Country -Country - - Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOORE, LANNY W SR 3095 KENNESAW ST. FT MYERS FL 33916 Zip Code FL 8. The above named empty submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Lanny W. Moore, Sr. DATE (NOTE. Registered Agent signature required when reinstating) of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (66/6) Change Addition ☐ Delete TITLE NAME ALEXANDER, PAUL REV CR2E037 STREET ADDRESS STREET ADDRESS 1400 EVANGEL DR. CITY-ST-ZIP CITY-ST-ZIP HUNTSVILLE AL 35802 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME hay, william G Rev STREET ADDRESS 228-CREST-DR:----STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL 35209 ☐ Change Addition ☐ Delete TITLE TITLE NAME TURNER, WALTER NAME STREET ADDRESS STREET ADDRESS 159 SPRING GROVE RD. CITY-ST-7IP CITY-ST-ZIP PITTSBURG PA 15235 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HERRING, WAYNE C REV NAME STREET ADDRESS 9074 DAVIES PLANTATION RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38133 ☐ Change ☐ Addition TITLE ☐ Delete SPENCER, JOHN E NAME NAME STREET ADDRESS STREET ADDRESS 3500 MILL RUN RD. CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35223** Change Addition ☐ Delete TITLE TITLE NAME ARMENDING, HUDSON NAME

QUARRYVILLE PA 17566 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

16 FAIRWAY DR.

STREET ADDRESS

CITY-ST-ZIP

1/27/2000 314-434-4044

FILED

Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90055 008 ****61.25