

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740181

Entity Name: COVINGTON THEOLOGICAL SEMINARY, INC.**Current Principal Place of Business:**1168 CROSS ST
FT. OGLETHORPE, GA 30742**Current Mailing Address:**P.O. BOX 176
ROSSVILLE, GA 30741**FEI Number: 58-1554537****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BONE, EDESEL MDR.
421 S. 6TH STREET
MCCLENNY, FL 32812 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	SULLIVAN, BRET MIMS. DR.
Address	105 WILLOWBROOK DR.
City-State-Zip:	RINGGOLD GA 30736

Title	VP
Name	BONE, EDESEL M
Address	421 S. 6TH STREET
City-State-Zip:	MCCLENNY FL 32063

Title	TRUSTEE
Name	SULLIVAN, JR., JAMES STEVENS DR.
Address	167 CREST VIEW CIRCLE
City-State-Zip:	RINGGOLD GA 30736

Title	EXE. VICE PRESIDENT
Name	TRIMBLE, JAY P. DR.
Address	4721 ROBINWOOD DR.
City-State-Zip:	CHATTANOOGA TN 37416

I hereby 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 all other like empowered.

SIGNATURE: JAMES S. SULLIVAN, JR.**TRUSTEE****05/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date