

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846989 (2)
1. Corporation Name
COVENANT, INC.



Principal Place of Business Mailing Address
701 KANSAS AVENUE 701 KANSAS AVENUE
P.O. BOX 157 P.O. BOX 157
ATCHISON KS 66002-0157 ATCHISON KS 66002-0157

3. Date Incorporated or Qualified **09/18/1980** 3a. Date of Last Report **01/30/1995**
4. FEI Number **48-0857769** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **104 NORTH 6TH SUITE 1** 26 **104 NORTH 6TH SUITE 1**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **P.O. BOX 157** 27 **P.O. BOX 157**
City & State City & State
23 **ATCHISON, KS** 28 **ATCHISON, KS**
Zip Country Zip Country
24 **66002-0157** 25 **US** 29 **66002-0157** 30 **US**

9. Name and Address of Current Registered Agent
EASH, WINK AND DIANA
2401 STONEHILL AVENUE
VALRICO FL 33594

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, EARNEST & PAULINE	1.2 NAME	
STREET ADDRESS	2148 STONE GATE DR.	1.3 STREET ADDRESS	600001747446
CITY-ST-ZIP	DUPO IL 62239-1916	1.4 CITY-ST-ZIP	-03/18/96--01085--015
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINNER, DAVE & MARY	2.2 NAME	
STREET ADDRESS	4150 W.DAHLIA DRIVE	2.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	PHOENIX AZ	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILLITER, TOM & DEBBIE	3.2 NAME	T
STREET ADDRESS	41 WEST 789 LAUREL DRIVE	3.3 STREET ADDRESS	WALSH, ANDY & ALICE
CITY-ST-ZIP	ST. CHARLES IL	3.4 CITY-ST-ZIP	27352 PINEVIEW DR
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, BILL/TERRY	4.2 NAME	
STREET ADDRESS	2504 HOLLINS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENNESAW GA	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOHE, DUANE & LOUISE	5.2 NAME	D
STREET ADDRESS	9 HARKNESS COURT	5.3 STREET ADDRESS	SIMONS, BOB & EDIE
CITY-ST-ZIP	NEWARK DE	5.4 CITY-ST-ZIP	540 CENTENNIAL AVE
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, LARRY/MARGARET	6.2 NAME	D
STREET ADDRESS	R. R. #5, BOX 103A N/A	6.3 STREET ADDRESS	CLARK, LARRY & MARGARET
CITY-ST-ZIP	LOUISA VA	6.4 CITY-ST-ZIP	501 OLD BETHEL CHURCH ROAD
			WINCHESTER VA 22603

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* Date **2.9.96** 618-286-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)