FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

846989 **DOCUMENT** #

(2)

COVENANT, INC.

Principal Place of	f Business	Mailing Address				
701 KANSAS AVENUE P.O. BOX 157 ATCHISON KS 66002-0157		701 KANSAS AVENUE P.O. BOX 157 ATCHISON KS 68002-0157				
				3. Date Incorporated or Qualified 09/18/1980	3a. Date of Last Report 01/30/1995	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 48-0857769	Applied For	
1 104 NORTH 6TH SUITE 1 26 104 NORTH 6		26 104 NORTH 6TH	SUITE 1	40'0007709	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
2 P.O. BOX 157 City & State		27 P.O. BOX 157 City & State		6. Election Campaign Financing	55.00 May Be	
3 ATCHISON, KS		28 ATCHISON, KS		Trust Fund Contribution	Added to Fees	
Zip Country		Zip Country		8. This corporation has liability for	intangible tax under s. 199.032,	
24 66002-0157 25 US 29 66002-0157 3		o us		Yes 🙀 No		
	9. Name and Address of Curre	ent Registered Agent	-	10. Name and Address of New F	legistered Agent	
			81 Name			
EASH, WINK AND DIANA			82 Street Address (P.O. Box Number is Not Acceptable)			
2401 STONEHILL AVENUE			83			
VALRICO	FL 33594					
			84 City		FL 85 Zip Code	
44 6	the are island of Costions 617 050	02 and 617 1508 Florida Statutes	the above-named co	rporation submits this statement for the pu	roose of changing its registered office	
	d agent, or both, in the State of Flo , and accept the obligations of, Se		by the corporation's l	poard of directors. I hereby accept the app	ointment as registered agent. I am	
SIGNATURE _	Signature, typed or printed name of registered age	- Land title if people able (NOTE: I	Registered Agent signature re	or ired when reinstating)	DATE	
12.	•	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 12	
TITLE	Р	DELETE	11 TITLE		Change Addition	
NAME	CHAPMAN, EARNEST & PA	ULINE	1.2 NAME	Providence and active and all the	of the second second	
STREET ADDRESS	2148 STONE GATE DR.		1.3 STREET ADDRESS	6000017 -03/18/9601	4 (144) 095015	
CITY-ST-ZIP	DUPO IL 62239-1916		1.4 CITY - ST - ZIP	***61.25	Change Addition	
TITLE	\$	DELETE	2.1 TITLE		Change C Adoition	
NAME	PINNER, DAVE & MARY		2 2 NAME			
STREET ADDRESS	4150 W.DAHLIA DRIVE		2.3 STREET ADDRESS			
CHY-ST-ZIP	PHOENIX AZ	∏ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	T	Change X Addition	
THLE	BILLITER, TOM & DEBBIE	X beter	3.2 NAME	WALSH, ANDY & ALICE		
NAME	41 WEST 789 LAUREL DRIV	VF	3.3 STREET ADDRESS	27352 PINEVIEW DR		
STREET ADORESS	ST. CHARLES IL	* 6.	34. CITY-ST-ZIP	WESTLAKE OH 44145		
CITY-ST-ZIP THLE	D D	DELETE	4.1 TITLE		Change 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	11975	5	
TITLE	D	▼ DELETE	51 TITLE	D	☐ Change X Addition	
NAME:	YOHE, DUANE & LOUISE		5.2 NAME	SIMONS, BOB & EDIE		
STREET ADDRESS	9 HARKNESS COURT		B	540 CENTENNIAL AVE WHITE HALL, IL 62092		
CHTY-ST-ZIP	NEWARK DE	DELETE	5.4 CITY - ST - ZIP	WHITE HALL, IL 62092	Change Addition	
TITLE			61 TITLE 62 NAME	GLARK, LARRY & MARGAI		
NAME	CLARK, LARRY/MARGARET		6.3 STREET ADDRESS	501 OLD BETHEL CHURCH		
STREET ADDRESS	R. R. #5, BOX 103A N/A LOUISA VA		6 & CITY - ST - 7IP	WINCHESTER VA 22603	_	
0/TY-ST-ZIP 14 Ldo bereb		ed with this filing is voluntarily furnish	and and door not au	alifu for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further	
certify that	t the information indicated on this a	nnual report or supplemental annua orporation or the receiver or trustee of or on an attachment with an addres	ampowered to execu	ocurate and that my signature shall have the this report as required by Chapter 617,	e same legal effect as it made under Florida Statutes; and that my name	
appears in	BOOK 12 OF BOOK 13 II Hariged,	S. C., G. C.	-	000	618-286-3323	
,		attilman.				