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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

701 KANSAS AVENUE  
P.O. BOX 157  
ATCHISON KS 66002-0157

Mailing Address

701 KANSAS AVENUE  
P.O. BOX 157  
ATCHISON KS 66002-0157

3. Date Incorporated or Qualified  
09/18/1980

3a. Date of Last Report  
01/30/1995

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

10. Name and Address of New Registered Agent

EASH, WINK AND DIANA  
2401 STONEHILL AVENUE  
VALRICO FL 33594

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P  
CHAPMAN, EARNEST & PAULINE  
STREET ADDRESS 2148 STONE GATE DR.  
CITY-ST-ZIP DUPO IL 62239-1916

TITLE ☐ DELETE

NAME S  
PINNER, DAVE & MARY  
STREET ADDRESS 4150 W.DAHLIA DRIVE  
CITY-ST-ZIP PHOENIX AZ

TITLE ☒ DELETE

NAME T  
BILLITER, TOM & DEBBIE  
STREET ADDRESS 41 WEST 789 LAUREL DRIVE  
CITY-ST-ZIP ST. CHARLES IL

TITLE ☐ DELETE

NAME D  
BATES, BILL/TERRY  
STREET ADDRESS 2504 HOLLINS DRIVE  
CITY-ST-ZIP KENNESAW GA

TITLE ☒ DELETE

NAME D  
YOHE, DUANE & LOUISE  
STREET ADDRESS 9 HARKNESS COURT  
CITY-ST-ZIP NEWARK DE

TITLE ☐ DELETE

NAME D  
CLARK, LARRY/MARGARET  
STREET ADDRESS R. R. #5, BOX 103A N/A  
CITY-ST-ZIP LOUISA VA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

*Earne Chapman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.9.96

618-286-3323

Date

Daytime Phone #

CR2E037 (12/95)