

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

104 NORTH 6TH SUITE 1  
P.O. BOX 157  
ATCHISON KS 66002-0157

104 NORTH 6TH SUITE 1  
P.O. BOX 157  
ATCHISON KS 66002-0157

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/18/1980

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

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

TITLE P  
NAME CROSS, JIM & LUARA  
STREET ADDRESS 1204 DAVINBROOK DRIVE  
CITY-ST-ZIP OKLAHOMA CITY OK ☐ DELETE

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

TITLE T  
NAME WALSH, ANDY & ALICE  
STREET ADDRESS 27352 PINEVIEW DR  
CITY-ST-ZIP WESTLAKE OH 44145 ☐ DELETE

TITLE D  
NAME STAINES, MORGAN AND ANN  
STREET ADDRESS 4208 ZEPHYR WAY  
CITY-ST-ZIP SACRAMENTO CA ☐ DELETE

TITLE D  
NAME ROTHHAAR, TOM & LAURA  
STREET ADDRESS 8004 E. WOODSBORO AVE.  
CITY-ST-ZIP ANAHEIM CA ☐ DELETE

TITLE D  
NAME SOWERS, STEVE & RITA  
STREET ADDRESS 305 SUNBLEST BLVD.  
CITY-ST-ZIP FISHERS IN ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/98 216-861-8848

CR2E037 (5/98)

FILED  
Oct 01 1998 8:00am  
Secretary of State

