

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90230 007 \*\*\*\*61.50

0081985

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 846989**

1. Corporation Name  
**COVENANT, INC.**

Principal Place of Business 104 NORTH 6TH SUITE 1 P.O. BOX 157 ATCHISON KS 66002-0157	Mailing Address 104 NORTH 6TH SUITE 1 P.O. BOX 157 ATCHISON KS 66002-0157
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/18/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 48-0857769
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

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	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83		FL	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P CROSS, JIM & LUARA	1.2 NAME	
STREET ADDRESS	1204 DAVINBROOK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S PINNER, DAVE & MARY	2.2 NAME	
STREET ADDRESS	4150 W.DAHLIA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T WALSH, ANDY & ALICE	3.2 NAME	
STREET ADDRESS	27352 PINEVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE OH 44145	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D STAINES, MORGAN AND ANN	4.2 NAME	D ROBEY, JERRY & DONNA
STREET ADDRESS	4206 ZEPHYR WAY	4.3 STREET ADDRESS	1736 RIDGE DR.
CITY-ST-ZIP	SACRAMENTO CA	4.4 CITY-ST-ZIP	FREEPORT, IL 61032
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROTHHAAR, TOM & LAURA	5.2 NAME	D JONES, BOB & CAROL
STREET ADDRESS	8004 E. WOODSBORO AVE.	5.3 STREET ADDRESS	202 S. WARREN
CITY-ST-ZIP	ANAHEIM CA	5.4 CITY-ST-ZIP	BIG RAPIDS, MI 49307
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SOWERS, STEVE & RITA	6.2 NAME	
STREET ADDRESS	305 SUNBLEST BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FISHERS IN	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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/13/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (405) 842-0756

CR2E037 (1/198)