

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-03-2000 90105 048 ****61.25

DOCUMENT # 846989

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **48-0857769**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EASH, WINK AND DIANA
2401 STONEHILL AVENUE
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name **Donald S Himes**
 Street Address (P.O. Box Number is Not Acceptable) **2772 Wildwood Dr**
 City **Clearwater** FL Zip Code **33761**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Donald S Himes
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/00
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CROSS, JIM & LUARA	
STREET ADDRESS	1204 DAVINBROOK DRIVE	
CITY-ST-ZIP	OKLAHOMA CITY OK	
TITLE	S	<input type="checkbox"/> Delete
NAME	PINNER, DAVE & MARY	
STREET ADDRESS	4150 W.DAHLIA DRIVE	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WALSH, ANDY & ALICE	
STREET ADDRESS	27352 PINEVIEW DR	
CITY-ST-ZIP	WESTLAKE OH:44145	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBEY, JERRY & DONNA	
STREET ADDRESS	1736 RIDGE DR.	
CITY-ST-ZIP	FREEPORT IL 61032	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROTHHAAR, TOM & LAURA	
STREET ADDRESS	8004 E. WOODSBORO AVE.	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, BOB & CAROL	
STREET ADDRESS	202 S. WARREN	
CITY-ST-ZIP	BIG RAPIDS MI 49307	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(P)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy R + Joyce A Victor	
STREET ADDRESS	4228 Springview Dr.	
CITY-ST-ZIP	Grand Island, NE. 68803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	(T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed + Kathy Kruse	
STREET ADDRESS	404 Lincoln Green Dr.	
CITY-ST-ZIP	West-Careolton, OH. 45449	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	(D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve + Rita Sowers	
STREET ADDRESS	14460 Allisonville Rd.	
CITY-ST-ZIP	Noblesville, IN. 46060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Timothy R Victor
 Signature

6-10-00
 Date

308-382-5500
 Daytime Phone #

CR2E037 (9/99)