

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90219 048 \*\*\*\*61.25

**DOCUMENT # 846989**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**48-0857769**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIMES, DONALD S**  
**2772 WILDWOOD DR**  
**CLEARWATER FL 33761**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

**DONALD S. Himes**

(NOTE: Registered Agent signature required when reinstating)

*Feb 6, 2001*  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VICTOR, JOYCE A</b> <b>4228 SPRINGVIEW DR</b> <b>GRAND ISLAND NE 68803</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PINNER, DAVE &amp; MARY</b> <b>4150 W.DAHLIA DRIVE</b> <b>PHOENIX AZ</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KRUSE, KATHY ED</b> <b>404 LINCOLN GREEN DR</b> <b>WEST CARROLLTON OH 45449</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBEY, JERRY &amp; DONNA</b> <b>1736 RIDGE DR.</b> <b>FREEMPORT IL 61032</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOWERS, STEVEN RITA</b> <b>14460 ALLISONVILLE RD</b> <b>NOBLESVILLE IN 46060</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JONES, BOB &amp; CAROL</b> <b>202 S. WARREN</b> <b>BIG RAPIDS MI 49307</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Donald S. Himes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 6, 2001*  
 Date

*(727) 799-1714*  
 Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE