

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-28-2002 91762 023 ****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

Zip

Country

Zip

Country

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 33781

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

Donald S Himes

5/1/2002

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Victor, Timothy + Joyce	
STREET ADDRESS	4228 Springview Dr.	
CITY-ST-ZIP	Grand Island, Ne. 68803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Budge, Brent + Carole	
STREET ADDRESS	1 Birch Knoll Road	
CITY-ST-ZIP	Wilmington, DE 19810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mariat, Steve + Cindy	
STREET ADDRESS	26 Raffaella Dr.	
CITY-ST-ZIP	Malvern, PA 19355	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Higgins, Earl + Eunice	
STREET ADDRESS	701 Oakmont	
CITY-ST-ZIP	Hastings, Ne. 68901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Don + Vivian	
STREET ADDRESS	PO Box 351	
CITY-ST-ZIP	Buffalo, Tx 75831	

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

Carol Miller

6-20-02

308-382-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
#846989 / 38654

LARRY R. MEARS, CHARTERED
ATTORNEYS AT LAW

LARRY R. MEARS *
JOHN W. FRESH †

* ALSO ADMITTED IN MISSOURI
† ALSO ADMITTED IN COLORADO

104 NORTH SIXTH, SUITE 1, POST OFFICE BOX 157
ATCHISON, KANSAS 66002-0157
913-367-0850
FAX 913-367-0712
E-MAIL meaislaw@journey.com

July 9, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

In Re: Uniform Business Report

To Whom it May Concern:

Enclosed please find the Uniform Business Report for Covenant, Inc. I have obtained the signatures of the officers.

I think this will complete the requirements for filing this document.

Sincerely,

LARRY R. MEARS, CHARTERED

BY 
LARRY R. MEARS

7-9\LRM\mk
Enc.