


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**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  
**2772 WILDWOOD DR  
CLEARWATER, FL 33761 US**

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-NP CR2E037 (10/03)

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, DEB &, HARRY 2281 S. YOUNGFIELD ST. DENVER, CO 80228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURDGE, BRENT & CAROLE 1 BIRCH KNOLE ROAD WILMINGTON, DE 19810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALRIAT, STEVE & CINDY 1086 W. KING RDS-113 MALVERN, PA 19355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, EARL & EUNICE 701 OAKMONT HASTINGS, NE 68901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANES, TIM &, LINDA 7607 WINDSOR DR DUBLIN, OH 43016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, DON & VIVIAN P.O. BOX 351 BUFFALO, TX 75831

UN0000184001  
01/20/05-80013-001 61.25

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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 **1/17/2005 (727) 799-1714**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #