

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846989

FILED
May 03, 2007
Secretary of State

Entity Name: COVENANT, INC.

Current Principal Place of Business:

104 NORTH 6TH SUITE 1
P.O. BOX 157
ATCHISON, KS 660020157

New Principal Place of Business:

104 NORTH 6TH SUITE 1
ATCHISON, KS 660020157

Current Mailing Address:

2772 WILDWOOD DR
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 48-0857769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, DEB &, HARRY
Address: 2281 S. YOUNGFIELD ST.
City-St-Zip: DENVER, CO 80228

Title: S () Delete
Name: BURDGE, BRENT & CARO, LE
Address: 1 BIRCH KNOLE ROAD
City-St-Zip: WILMINGTON, DE 19810

Title: T () Delete
Name: MALRIAT, STEVE & CIN, DY
Address: 1086 W. KING RDS-113
City-St-Zip: MALVERN, PA 19355

Title: D (X) Delete
Name: HIGGINS, EARL & EUNI, CE
Address: 701 OAKMONT
City-St-Zip: HASTINGS, NE 68901

Title: D (X) Delete
Name: HANES, TIM &, LINDA
Address: 7607 WINDSOR DR
City-St-Zip: DUBLIN, OH 43016

Title: D (X) Delete
Name: WHITE, DON & VIVIAN,
Address: P.O. BOX 351
City-St-Zip: BUFFALO, TX 75831

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MADDEN, JOHN
Address: 38807 S. SAND CREST DR
City-St-Zip: TUSCON, AZ 85739

Title: S (X) Change () Addition
Name: BURDGE, BRENT
Address: 1 BIRCH KNOLE ROAD
City-St-Zip: WILMINGTON, DE 19810

Title: T (X) Change () Addition
Name: LEMKE, KAREN
Address: 577 EASTERN AVE
City-St-Zip: BRIGHTON, CO 80601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN LEMKE

T

05/03/2007

Electronic Signature of Signing Officer or Director

Date