


02-07-2003 90089 014 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 846989**  
 1. Entity Name  
**COVENANT, INC.**



**55021858**

Principal Place of Business Mailing Address  
**104 NORTH 8TH SUITE 1** **104 NORTH 6TH SUITE 1**  
**P.O. BOX 157** **P.O. BOX 157**  
**ATCHISON KS 66002-0157** **ATCHISON KS 66002-0157**



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *Donald S Himes* **2-3-2003**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>P</b> <b>VICTOR, TIMOTHY &amp; JOYCE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>4228 SPRINGVIEW DR</b>	
CITY-ST-ZIP	<b>GRAND ISLAND NE 68803</b>	
TITLE NAME	<b>S</b> <b>BURDGE, BRENT &amp; CAROLE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1 BIRCH KNOLE ROAD</b>	
CITY-ST-ZIP	<b>WILMINGTON DE 19810</b>	
TITLE NAME	<b>T</b> <b>MALRIAT, STEVE &amp; CINDY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>28 RAFFAELA DR</b>	
CITY-ST-ZIP	<b>MALVERN PA 19355</b>	
TITLE NAME	<b>D</b> <b>HIGGINS, EARL &amp; EUNICE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>701 OAKMONT</b>	
CITY-ST-ZIP	<b>HASTINGS NE 68901</b>	
TITLE NAME	<b>D</b> <b>SOWERS, STEVEN RITA</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>14460 ALLISONVILLE RD</b>	
CITY-ST-ZIP	<b>NOBLESVILLE IN 46060</b>	
TITLE NAME	<b>O</b> <b>WHITE, DON &amp; VIVIAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>P.O. BOX 351</b>	
CITY-ST-ZIP	<b>BUFFALO TX 75831</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P</b> <b>DEB &amp; HARRY THOMAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2281 S. YOUNGFIELD ST.</b>	
CITY-ST-ZIP	<b>LAKELAND, CO 80228</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>T</b> <b>Tim &amp; Linda Hayes</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>7607 WINDSOR DR</b>	
CITY-ST-ZIP	<b>DUBLIN OH 43016</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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 Malriat* **3/6/03** **610-240-9657**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)