

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90062 009 \*\*\*\*61.25

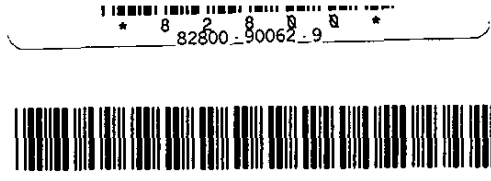
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000005231**

1. Corporation Name  
**COVENANT THEOLOGICAL SEMINARY, A CORPORATION**

Principal Place of Business 12330 CONWAY RD. ST LOUIS MO 63141	Mailing Address 12330 CONWAY RD. ST LOUIS MO 63141
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/06/1997</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number <b>43-0863116</b>
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>MOORE, LANNY W SR 3095 KENNESAW ST. FT MYERS FL 33916</b>	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	85. Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEXANDER, PAUL REV</b>	1.2 NAME	
STREET ADDRESS	<b>1400 EVANGEL DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUNTSVILLE AL 35802</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAY, WILLIAM G REV</b>	2.2 NAME	
STREET ADDRESS	<b>228 CREST DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35209</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, WALTER</b>	3.2 NAME	
STREET ADDRESS	<b>159 SPRING GROVE RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURG PA 15235</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRING, WAYNE C REV</b>	4.2 NAME	
STREET ADDRESS	<b>9074 DAVIES PLANTATION RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38133</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPENCER, JOHN E</b>	5.2 NAME	
STREET ADDRESS	<b>3500 MILL RUN RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35223</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMENDING, HUDSON</b>	6.2 NAME	
STREET ADDRESS	<b>16 FAIRWAY DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>QUARRYVILLE PA 17566</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 1/30/99 941-337-1123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)