

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90055 008 ****61.25

DOCUMENT # F97000005231

1. Entity 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 63141-8609
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 43-0863116		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MOORE, LANNY W SR 3095 KENNESAW ST. FT MYERS FL 33916				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: *Lanny W. Moore* **Lanny W. Moore, Sr.**
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, PAUL REV	NAME	
STREET ADDRESS	1400 EVANGEL DR.	STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL 35802	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAY, WILLIAM G REV	NAME	
STREET ADDRESS	228-CREST DR.	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35209	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, WALTER	NAME	
STREET ADDRESS	159 SPRING GROVE RD.	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURG PA 15235	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, WAYNE C REV	NAME	
STREET ADDRESS	9074 DAVIES PLANTATION RD.	STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38133	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, JOHN E	NAME	
STREET ADDRESS	3500 MILL RUN RD.	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMENDING, HUDSON	NAME	
STREET ADDRESS	16 FAIRWAY DR.	STREET ADDRESS	
CITY-ST-ZIP	QUARRYVILLE PA 17566	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)(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]* **SIGNATURE REQUIRED** **1/27/2000 314-434-4044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)