

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 02, 2004  
Secretary of State**

DOCUMENT# F97000005231

Entity Name: COVENANT THEOLOGICAL SEMINARY, A CORPORATION

**Current Principal Place of Business:**

12330 CONWAY RD.  
ST LOUIS, MO 63141

**New Principal Place of Business:**

**Current Mailing Address:**

12330 CONWAY RD.  
ST LOUIS, MO 63141

**New Mailing Address:**

FEI Number: 43-0863116      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOORE, LANNY W SR  
3095 KENNESAW ST.  
FT MYERS, FL 33916      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: D      ( ) Delete  
Name: HAMBY, ROBERT  
Address: 405 CRESCENT AVENUE  
City-St-Zip: GREENVILLE, SC 29605

Title: D      ( ) Delete  
Name: STEPHENSON, CRAIG  
Address: 111 PRESTON GRANDE WAY  
City-St-Zip: MORRISVILLE, NC 27560

Title: O      ( ) Delete  
Name: TURNER, WALTER M  
Address: 159 SPRING GROVE RD.  
City-St-Zip: PITTSBURG, PA 15235

Title: D      ( ) Delete  
Name: ELLINGSWORTH, RICHARD  
Address: 33 HICKORY MEADOW ROAD  
City-St-Zip: HUNT VALLEY, MD 21030

Title: D      ( ) Delete  
Name: KRAMER, JOHN H  
Address: 8 ROBIN HILL  
City-St-Zip: ST. LOUIS, MO 63124

Title: D      ( ) Delete  
Name: ARMENDING, HUDSON  
Address: 16 FAIRWAY DR.  
City-St-Zip: QUARRYVILLE, PA 17566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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 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: WALTER M. TURNER

MR.

03/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date