

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