2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# 740181

Entity Name: COVINGTON THEOLOGICAL SEMINARY, INC.

Current Principal Place of Business:

1168 CROSS ST
FT. OGLETHORPE, GA 30742

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 176
ROSSVILLE, GA 30741

New Mailing Address:

FEI Number: 58-1554537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OTT, HENRY J MRS
4107 PECAN LANE
ORLANDO, FL 32812 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: PRES ( ) Delete
Name: SULLIVAN, JR., JAMES S DR.
Address: 167 CREST VIEW CIRCLE
City-St-Zip: RINGGOLD, GA 30736

Title: EX.S ( ) Delete
Name: SULLIVAN, GLENDA M
Address: 167 CREST VIEW CIRCLE
City-St-Zip: RINGGOLD, GA 30736

Title: REG ( ) Delete
Name: HUTCHINGS, JAMES DR.
Address: 6600 ROLLING RIVER ROAD
City-St-Zip: HARRISON, TN 37341

Title: VD ( ) Delete
Name: MCFARLAND, ROBERT
Address: #7 COLE
City-St-Zip: CHICKAMAUGA, GA 30707

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: DOE (X) Change ( ) Addition
Name: MCFARLAND, ROBERT
Address: #7 COLE
City-St-Zip: CHICKAMAUGA, GA 30707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES S. SULLIVAN, JR. PRES 01/05/2007

Electronic Signature of Signing Officer or Director — Date