

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740181

FILED
Mar 05, 2009
Secretary of State

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:

P.O. BOX 176
ROSSVILLE, GA 32063

FEI Number: 58-1554537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

BONE, EDESEL M DR.
421 S. 6TH STREET
MCCLenny, FL 32812 US

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: DR. EDESEL M. BONE

03/05/2009

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

Title: DBS () Delete
Name: SULLIVAN, BRETT M DIRECTO
Address: 105 WILLOWBROOK DR.
City-St-Zip: RINGGOLD, GA 30736 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BONE, EDESEL M
Address: 421 S. 6TH STREET
City-St-Zip: MCCLenny, FL 32063

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 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

03/05/2009

Electronic Signature of Signing Officer or Director

Date