I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: JAMES S. SULLIVAN, JR.

Electronic Signature of Signing Officer/Director Detail

421 S. 6TH STREET

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:

**Officer/Director Detail :** Title PRES Title VP SULLIVAN, JR., JAMES SDR. Name BONE, EDSEL M Name 167 CREST VIEW CIRCLE Address 421 S. 6TH STREET Address City-State-Zip: MCCLENNY FL 32063 RINGGOLD GA 30736 City-State-Zip: Title EXE. VICE PRESIDENT Title DOE Name TRIMBLE, JAY P. DR. SULLIVAN, BRET MDIRECTO Name 105 WILLOWBROOK DR. Address 4721 ROBINWOOD DR. Address CHATTANOOGA TN 37416 City-State-Zip: City-State-Zip: RINGGOLD GA 30736

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 740181

Entity Name: COVINGTON THEOLOGICAL SEMINARY, INC.

#### **Current Principal Place of Business:**

1168 CROSS ST FT. OGLETHORPE, GA 30742

## **Current Mailing Address:**

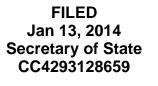
P.O. BOX 176 ROSSVILLE, GA 30741

## FEI Number: 58-1554537

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

BONE, EDSEL MDR. MCCLENNY, FL 32812 US



Certificate of Status Desired: Yes

Date

01/13/2014 Date