

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740181

1. Entity Name

COVINGTON THEOLOGICAL SEMINARY, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90208 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1168 CROSS ST  
ROSSVILLE GA 30741

1168 CROSS ST  
ROSSVILLE GA 30741-3052

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1554537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OTT, HENRY J MRS  
4107 PECAN LANE  
ORLANDO FL 32812

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BROWN, RAYMOND H, DR  
STREET ADDRESS 1066 HURRICANE CREEK DR.  
CITY-ST-ZIP CHATTANOOGA, TN 00000

TITLE ☒ Change ☐ Addition  
NAME Brown, Raymond H. DR  
STREET ADDRESS 2043 Galahad Road  
CITY-ST-ZIP Chattanooga, TN 37421

TITLE VD ☐ Delete  
NAME CONNER, KENNETH E.  
STREET ADDRESS 144 DOGWOOD DR  
CITY-ST-ZIP CALHOUN GA 30701

TITLE ☒ Change ☐ Addition  
NAME Conner, Kenneth E.  
STREET ADDRESS 144 Dogwood Drive  
CITY-ST-ZIP Calhoun, GA 30701

TITLE STD ☐ Delete  
NAME BROWN, REBA O, DR  
STREET ADDRESS 1066 HURRICANE CREEK DR.  
CITY-ST-ZIP CHATTANOOGA, TN 00000

TITLE ☒ Change ☐ Addition  
NAME Brown, Reba O, DR  
STREET ADDRESS 2043 Galahad Road  
CITY-ST-ZIP Chattanooga, TN 37421

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. H. Brown, President

(706) 866-5626

January, 12, 2000

CR2E037 (9/99)