

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002470

FILED
May 18, 2015
Secretary of State
CC0562983343

Entity Name: COVENANT HEALTH AND COMMUNITY SERVICES, INC.

Current Principal Place of Business:

5041 NORTH 12TH AVENUE
PENSACOLA, FL 32504

Current Mailing Address:

5041 NORTH 12TH AVENUE
PENSACOLA, FL 32504

FEI Number: 46-5132177

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name CAMPBELL, JAMES S
Address 501 COMMENDENCIA STREET
City-State-Zip: PENSACOLA FL 32502

Title TREASURER
Name REYNOLDS, HARRIS
Address 1020 STORMY TERRACE
City-State-Zip: PENSACOLA FL 32503

Title VC
Name YOUNG, JARL T
Address ONE ENERGY PLACE
City-State-Zip: PENSACOLA FL 32520-0093

Title D
Name MILLS, ROBERT
Address 4491 WHISPER DRIVE
City-State-Zip: PENSACOLA FL 32504

Title D
Name DAVIS, SUSAN
Address 5151 NORTH 9TH AVENUE
City-State-Zip: PENSACOLA FL 32504

Title CHAIRMAN
Name GREENHUT, DUDLEY
Address P.O. BOX 12603
City-State-Zip: PENSACOLA FL 32591

Title SECRETARY
Name DOS SANTOS, TERESA
Address 20 E. CEDAR ST.
SUITE 101
City-State-Zip: PENSACOLA FL 32502

Title PRESIDENT
Name MISLEVY, JEFF
Address 5041 N. 12TH AVE.
City-State-Zip: PENSACOLA FL 32504

Continues on page 2

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.

SIGNATURE: JEFF MISLEVY

PRESIDENT

05/18/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name APPELYARD, DICK
Address 4400 BAYOU BLVC.
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR
Name DOHANEY, KENNETH
Address 8383 N. DAVIS HIGHWAY
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name HAMBRICK, WANDA KAYE
Address 1717 N. "E" ST.
P.O. BOX 17500
City-State-Zip: PENSACOLA FL 32522-7500

Title DIRECTOR
Name KINNEY, JANET
Address 1360 BRICKYARD RD.
P.O. BOX 889
City-State-Zip: CHIPLEY FL 32428

Title DIRECTOR
Name SKOLROOD, KENT
Address 1717 N. "E" ST.
SUITE 320
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR
Name DAVIS, TRISHA
Address 6002 BERRYHILL RD.
City-State-Zip: MILTON FL 32570

Title DIRECTOR
Name GRAY, JEREMY
Address 1000 MAR-WALT DR.
City-State-Zip: FT. WALTON BEACH FL 32547

Title DIRECTOR
Name KING, CAREY
Address 8082 BRIAROAK DR.
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name MEESE, LAWRENCE JR.
Address P.O. BOX 1608
City-State-Zip: MARIANNA FL 32447

Title DIRECTOR
Name OWENS, TOM
Address 5061 N. 12TH AVE.
City-State-Zip: PENSACOLA FL 32504