

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N14000002470

**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 US

**FEI Number:** 46-5132177

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES, ROBERT L III, ESQ  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 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           TREASURER  
Name           SMITH, XAN  
Address        1221 W LAKEVIEW AVENUE, BLDG A  
City-State-Zip: PENSACOLA FL

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

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

Title           BM  
Name           HAFERKAMP, DON  
Address        1501 N GUILLEMARD ST  
City-State-Zip: PENSACOLA FL 32501

Title           VICE CHAIRMAN  
Name           GUTTMANN, RODNEY PHD  
Address        UNIVERSITY OF WEST FLORIDA  
                11000 UNIVERSITY PARKWAY  
                BUILDING 41  
City-State-Zip: PENSACOLA FL 32514

Title           SECRETARY  
Name           KING, CAREY T  
Address        305 W CEDAR ST  
                STE 300  
City-State-Zip: PENSACOLA FL 32502

Title           BM  
Name           CALDWELL, MILLER III  
Address        116 N TARRAGONA ST  
City-State-Zip: PENSACOLA FL 32502

Title           BM  
Name           JENNINGS, PETER MD  
Address        5153 N 9TH 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**

**CEO**

**10/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BM  
Name PARRA, BRETT MD  
Address 4724 N DAVIS HWY  
City-State-Zip: PENSACOLA FL 32503

Title CFO  
Name FRANKLIN, MARTIN  
Address 5041 NORTH 12TH AVENUE  
City-State-Zip: PENSACOLA FL 32504

Title BM  
Name SARROS, STEVE  
Address 1717 NORTH E STREET  
STE 320  
City-State-Zip: PENSACOLA FL 32522