2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002470

Entity Name: COVENANT HEALTH AND COMMUNITY SERVICES, INC.

FILED Apr 03, 2018 **Secretary of State** CC8537887337

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: Yes

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	PAST CHAIRMAN	Title	TREASURER
Name	GREENHUT, BILL	Name	SMITH, XAN

Address 1221 W LAKEVIEW AVENUE, BLDG A Address P.O. BOX 12603

PENSACOLA FL City-State-Zip: City-State-Zip: PENSACOLA FL 32591

Title **CHAIRMAN** Title VICE CHAIRMAN Name OWENS, TOM Name GUTTMANN, RODNEY PHD

UNIVERSITY OF WEST FLORIDA Address

Address 5061 N. 12TH AVE 11000 UNIVERSITY PARKWAY

BUILDING 41 City-State-Zip: PENSACOLA FL 32504

City-State-Zip: PENSACOLA FL 32514

Title PRESIDENT/CEO Title **SECRETARY** Name MISLEVY, JEFF

Name KING, CAREY Address 5041 N. 12TH AVE.

8082 BRIAROAK DRIVE Address City-State-Zip: PENSACOLA FL 32504

City-State-Zip: PENSACOLA FL 32514

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

CHIEF EXECUTIVE **OFFICER**

04/03/2018