

2016 FLORIDA NOT FOR PROFIT CORPORATION 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

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 PASTE CHAIRMAN
Name CAMPBELL, JAMES S
Address 5956 SHERRY LANE, SUITE 100
City-State-Zip: DALLAS TX 32502

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

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

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

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

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

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/CEO

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date