

2017 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 PAST CHAIRMAN
Name GREENHUT, BILL
Address P.O. BOX 12603
City-State-Zip: PENSACOLA FL 32591

Title TREASURER
Name SMITH, XAN
Address 1221 W LAKEVIEW AVENUE, BLDG A
City-State-Zip: PENSACOLA FL

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

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

Title SECRETARY
Name KING, CAREY
Address 8082 BRIAROAK DRIVE
City-State-Zip: PENSACOLA FL 32514

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

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date