2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2021
Secretary of State
0965976407CC

DOCUMENT# N42926

Entity Name: COVENANT HOSPICE FOUNDATION, INC.

Current Principal Place of Business:

5041 N. 12TH AVE
PENSACOLA, FL 32504

Current Mailing Address:

5041 N. 12TH AVE
PENSACOLA, FL 32504 US

FEI Number: 59-3060139

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, ROBERT L III, ESQ
501 COMMENDENCIA ST
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: JEFF MISLEVY 04/21/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

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

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

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

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

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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 04/21/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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