DOCUMENT# N08000002654	
Entity Name: THE COVENANT SCHOOL OF JACKSONVILLE, INC.	

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

2300 BARTRAM ROAD JACKSONVILLE, FL 32207

### **Current Mailing Address:**

2300 BARTRAM ROAD JACKSONVILLE, FL 32207 US

# FEI Number: 26-2880594

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

MCCORVEY, JOHN H. JR. 301 WEST BAY STREET, SUITE1400 JACKSONVILLE, FL 32202 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	E: JOSEPH L. VAUGHN, JR.			02/14/2022		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	HEAD OF SCHOOL	Title	PRESIDENT			
Name	JOHNSON, SUSAN	Name	JONES, RYAN			
Address	2300 BARTRAM ROAD	Address	2300 BARTRAM ROAD			
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207			
Title	TREASURER	Title	DIRECTOR			
Name	MARKHAM, PAM	Name	HOWARD, RICK			
Address	2300 BARTRAM ROAD	Address	2300 BARTRAM ROAD			
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207			
Title	VP	Title	DIRECTOR			
Name	WALLACE, RICKY	Name	HANSEN, KIMBERLY			
Address	2300 BARTRAM ROAD	Address	2300 BARTRAM ROAD			
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207			
Title	DIRECTOR	Title	DIRECTOR			
Name	STALLARD, RILEY	Name	HINSON, KATIE			
Address	2300 BARTRAM ROAD	Address	2300 BARTRAM ROAD			
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207			

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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: SUSAN JOHNSON

HEAD OF SCHOOL

02/14/2022 Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

# **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	VAIL, ROBIN
Address	2300 BARTRAM ROAD
City-State-Zip:	JACKSONVILLE FL 32207