

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N08000002654

**Entity Name:** THE COVENANT SCHOOL OF JACKSONVILLE, INC.

**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**

**Certificate of Status Desired: No**

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

MCCORVEY, JOHN H. JR.  
301 WEST BAY STREET, SUITE 1400  
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: JOSEPH L. VAUGHN, JR.

05/07/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title HEAD OF SCHOOL  
Name JOHNSON, SUSAN  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT  
Name JONES, RYAN  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER  
Name MARKHAM, PAM  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name HOWARD, RICK  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name WALLACE, RICKY  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name HANSEN, KIMBERLY  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name STALLARD, RILEY  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name HINSON, KATIE  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

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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

05/07/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           VAIL, ROBIN  
Address        124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title           DIRECTOR  
Name           HOPF, BILL  
Address        124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202