

2023 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 US

FEI Number: 46-5132177

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, ROBERT L III, ESQ
501 COMMENDENCIA STREET
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name JENNINGS, PETER MD
Address 5153 N 9TH AVE
City-State-Zip: PENSACOLA FL 32504

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

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

Title DIRECTOR
Name CALDWELL, MILLER III
Address 116 N TARRAGONA ST
City-State-Zip: PENSACOLA FL 32502

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

Title DIRECTOR
Name APPLEYARD, DICK
Address 4400 BAYOU BLVD.
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

PRESIDENT/CEO

04/06/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CAMPBELL, JAMIE
Address 8117 PRESTON ROAD, SUITE 300
City-State-Zip: DALLAS TX 75225

Title DIRECTOR
Name SKOLROOD, KENT
Address 1100 UNIVERSITY PKWY, BLDG 41
 UNIVERSITY OF WEST FLORIDA
City-State-Zip: PENSACOLA FL 32514