

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742153

FILED
Jan 22, 2008
Secretary of State

Entity Name: COVENANT VILLAGE OF FLORIDA, INC.

Current Principal Place of Business:

9201 W. BROWARD BLVD.
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

5115 N FRANCISCO AVE
CHICAGO, IL 60625

New Mailing Address:

FEI Number: 52-1115870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICES COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, CURTIS B
Address: 249 HATLEN AVENUE
City-St-Zip: MOUNT PROSPECT, IL 60056

Title: D () Delete
Name: EASTBURG, MARK C
Address: 6985 OAK BROOK SE
City-St-Zip: GRAND RAPIDS, MI 49576

Title: D () Delete
Name: ESPINOSA, MARC E
Address: 5420 WARD ROAD
City-St-Zip: ARVADA, CO 80002

Title: P () Delete
Name: FISK, RICK K
Address: 5115 NORTH FRANCISCO AVENUE
City-St-Zip: CHICAGO, IL 60625

Title: T () Delete
Name: BUIKEMA, ELIZABETH B
Address: 5115 N FRANCISCO AVE
City-St-Zip: CHICAGO, IL 60625

Title: C () Delete
Name: WEISBROCK, ANN P
Address: 248 MEADOWBROOK LANE
City-St-Zip: HINSDALE, IL 60521

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN A. JENKINS

ASST

01/22/2008

Electronic Signature of Signing Officer or Director

_____ Date