

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742153

**FILED**  
**Jan 23, 2018**  
**Secretary of State**  
**CC0844289873**

**Entity Name:** COVENANT VILLAGE OF FLORIDA, INC.

**Current Principal Place of Business:**

5700 OLD ORCHARD RD.  
SKOKIE, IL 60077

**Current Mailing Address:**

5700 OLD ORCHARD RD.  
SKOKIE, IL 60077 US

**FEI Number:** 52-1115870

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            CUNLIFFE, TERRI S  
Address        5700 OLD ORCHARD RD  
City-State-Zip: SKOKIE IL 60077

Title            DIRECTOR  
Name            VINING, ANNE E.  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title            DIRECTOR  
Name            FREEMAN, BEVERLY A.  
Address        5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

Title            DIRECTOR  
Name            MOLL, CLETUS J.  
Address        5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

Title            DIRECTOR  
Name            ANDERSON, CURTIS B.  
Address        5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

Title            DIRECTOR  
Name            DANIELSON, DAN  
Address        5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

Title            DIRECTOR  
Name            DWIGHT, DAVID A.  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title            DIRECTOR  
Name            HODGKINSON, DONALD  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

**Continues on page 2**

*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:** JODY HOLT

**SECRETARY**

**01/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           BUIKEMA, ELIZABETH B.  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           STEBINGER, JEAN A.  
Address        5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR, SECRETARY  
Name           HOLT, JODY  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           PETERSON, JOYCE  
Address        5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           HOLMGREN, KATHY  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           ESPINOSA, MARC E.  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           STANTE, MARLENE E.  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           RICHARDS, NORTON  
Address        5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           DRAKE, REV. RICHARD B.  
Address        5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR, PRESIDENT  
Name           FISK, RICK K.  
Address        5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           WALTER, GARY  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           ELVING, JIM  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           AAGAARD MD, JON P.  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           DAVIS MD, KARA E.  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           SECRETARY  
Name           FLEWELLEN, LORENE G.  
Address        5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           EASTBURG, MARK C.  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           MARY, MILLER  
Address        5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           CHRISTENSEN, PAMELA  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           FRIESEN, RHODA  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           MACDONALD, SCOTT  
Address        5700 OLD ORCHARD RD.  
                  SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           PRESIDENT  
Name           CUNLIFFE, TERRI S.  
Address        5700 OLD ORCHARD RD.  
                SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           SCHILLER, WALTER L.  
Address        5700 OLD ORCHARD RD.  
                SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           MANLOVE , MATTHEW  
Address        5700 OLD ORCHARD RD.  
                SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           VANOVER, ANDREW  
Address        5700 OLD ORCHARD RD.  
                SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           HEYWOOD, THOMAS F.  
Address        5700 OLD ORCHARD RD.  
                SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           BENTLY, SARAH  
Address        5700 OLD ORCHARD RD.  
                SUITE 100  
City-State-Zip: SKOKIE IL 60077

Title           DIRECTOR  
Name           RINARD, DALE  
Address        5700 OLD ORCHARD RD.  
                SUITE 100  
City-State-Zip: SKOKIE IL 60077