

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742153

**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, ASST. SECRETARY, EX-OFFICIO  
Name CUNLIFFE, TERRI S  
Address 5700 OLD ORCHARD RD  
SUITE 100  
City-State-Zip: SKOKIE IL 60077

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

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

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

Title EX-OFFICIO, PRESIDENT OF  
COVENANT MINISTRIES OF  
BENEVOLENCE  
Name OXENDALE, RODGER A.  
Address 5145 N. CALIFORNIA AVE.  
SUITE 100  
City-State-Zip: CHICAGO IL 60625

Title CFO, TREASURER, ASST.  
SECRETARY, ADVISOR, SENIOR VICE  
PRESIDENT  
Name HOLT, JODY A.  
Address 5700 OLD ORCHARD ROAD  
SUITE 100  
City-State-Zip: SKOKIE IL 60077

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

Title DIRECTOR  
Name STANTE, MARLENE E.  
Address 5700 OLD ORCHARD ROAD  
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:** DAVID G. ERICKSON**SECRETARY****01/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR, VICE CHAIR  
Name MANLOVE , MATTHEW  
Address 5700 OLD ORCHARD ROAD  
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 EX-OFFICIO, COVENANT MINISTRIES OF  
BENEVOLENCE  
Name NELSON, RICHARD P  
Address 5145 NORTH CALIFORNIA AVE  
SUITE 100  
City-State-Zip: CHICAGO IL 60625

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

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

Title SENIOR VICE PRESIDENT AND  
GENERAL COUNSEL, ASST.  
SECRETARY, ADVISOR  
Name ERICKSON, DAVID G  
Address 5700 OLD ORCHARD ROAD  
SUITE 100  
City-State-Zip: SKOKIE IL 60077