

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 742153

Entity Name: COVENANT LIVING 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
Name CUNLIFFE, TERRI S
Address 5700 OLD ORCHARD RD
 SUITE 100
City-State-Zip: SKOKIE IL 60077

Title EX-OFFICIO
Name OXENDALE, ROGER A.
Address 5700 OLD ORCHARD RD.
 SUITE 100
City-State-Zip: SKOKIE IL 60077

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

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

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

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

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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: SARAH BENTLEY

SECRETARY

09/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title SENIOR VP, GENERAL COUNSEL, ASST.
SECRETARY
Name ERICKSON, DAVID G.
Address 5700 OLD ORCHARD RD.
SUITE 100
City-State-Zip: SKOKIE IL 60077

Title EX-OFFICIO
Name WENRICH, JOHN
Address 5700 OLD ORCHARD RD.
City-State-Zip: SKOKIE IL 60077

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

Title DIRECTOR
Name MARTIN, ROBERT
Address 5700 OLD ORCHARD RD.
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
Name NELSON, RICHARD P
Address 5700 OLD ORCHARD RD.
SUITE 100
City-State-Zip: SKOKIE IL 60077

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

Title ASST. SECRETARY
Name ERICKSON, REBEKAH
Address 5700 OLD ORCHARD RD.
City-State-Zip: SKOKIE IL 60077