

**2015 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

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC2620499663**

**Current Mailing Address:**

5700 OLD ORCHARD RD.  
SKOKIE, IL 60077

**FEI Number: 52-1115870**

**Certificate of Status Desired: No**

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

CORPORATION SERVICES 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            FISK, RICK K  
Address        5700 OLD ORCHARD RD  
City-State-Zip: SKOKIE IL 60077

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

Title            VP  
Name            CUNLIFFE, TERRI S  
Address        5700 OLD ORCHARD RD  
City-State-Zip: SKOKIE IL 60077

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

Title            VICE PRESIDENT  
Name            ERICKSON, DAVID G  
Address        5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

*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**

**VICE PRESIDENT**

**04/22/2015**

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

\_\_\_\_\_  
Date