

2020 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 DIRECTOR

Name DAVIS, M.D., KARA E.

Address 5700 OLD ORCHARD RD.
SUITE 100

City-State-Zip: SKOKIE IL 60077

Title DIRECTOR, CHAIRMAN

Name EASTBURG, MARK C.

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

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 SENIOR VP, GENERAL COUNSEL,
SECRETARY, PRESIDENT

Name ERICKSON, DAVID G.

Address 5700 OLD ORCHARD RD.
SUITE 100

City-State-Zip: SKOKIE IL 60077

Title DIRECTOR

Name PALMER, MARY

Address 5700 OLD ORCHARD RD.

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: SARAH BENTLEY

SECRETARY

12/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SENIOR VICE PRESIDENT/ASSISTANT
SECRETARY
Name LACROIX, AMY
Address 5700 OLD ORCHARD RD.
City-State-Zip: SKOKIE IL 60077

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

Title DIRECTOR/VICE-CHAIR
Name CREANEY, JANET
Address 5700 OLD ORCHARD RD.
City-State-Zip: SKOKIE IL 60077

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

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

Title DIRECTOR
Name FLEWELLEN, LORENE
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 SENIOR VICE PRESIDENT/ASSISTANT
SECRETARY
Name RABE, BILL
Address 5700 OLD ORCHARD RD.
City-State-Zip: SKOKIE IL 60077

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

Title TREASURER/ASSISTANT
Name JUSTIE, JEAN
Address 5700 OLD ORCHARD RD.
City-State-Zip: SKOKIE IL 60077

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

Title DIRECTOR
Name PETERSON, LOANN
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

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