

**2023 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, CEO, ASST.  
SECRETARY, EX-OFFICIO

Name CUNLIFFE, TERRI S

Address 5700 OLD ORCHARD RD  
SUITE 100

City-State-Zip: SKOKIE IL 60077

Title SENIOR VP, GENERAL COUNSEL,  
ASSISTANT SECRETARY

Name ERICKSON, DAVID G.

Address 5700 OLD ORCHARD RD.  
SUITE 100

City-State-Zip: SKOKIE IL 60077

Title DIRECTOR

Name REPPE, DIXIE

Address 5700 OLD ORCHARD RD.

City-State-Zip: SKOKIE IL 60077

Title SENIOR VICE  
PRESIDENT/CFO/TREASURER/ASSIS  
TANT SECRETARY

Name JUSTIE, JEAN

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 SENIOR VICE PRESIDENT/ASSISTANT  
SECRETARY

Name RABE, BILL

Address 5700 OLD ORCHARD RD.

City-State-Zip: SKOKIE IL 60077

Title DIRECTOR/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

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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: DAVID ERICKSON**

**GENERAL COUNSEL**

**10/17/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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 WARNYGORA, EMILY  
Address 5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

Title EX-OFFICIO  
Name SWANSON-DRAHEIM, TAMMY  
Address 5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

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

Title DIRECTOR  
Name MEANS, JENNIFER  
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, VICE CHAIR  
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 EX-OFFICIO  
Name DEROOY, ARTHUR  
Address 5700 OLD ORCHARD RD.  
City-State-Zip: SKOKIE IL 60077

Title DIRECTOR, SECRETARY  
Name HOFFMAN, JANET  
Address 5700 OLD ORCHARD RD  
City-State-Zip: SKOKIE IL 60077

Title EX-OFFICIO  
Name SLECHTA, TODD  
Address 5700 OLD ORCHARD ROAD  
City-State-Zip: SKOKIE IL 60077