

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90011 013 \*\*\*\*70.00

**DOCUMENT # F02000001949**

1. Entity Name  
**SARAH'S CIRCLE INC.**



Principal Place of Business  
4750 N. SHERIDAN ROAD, #220  
CHICAGO, IL 60640

Mailing Address  
P.O. BOX 408061  
CHICAGO, IL 60640

**50001438**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**36-3043662**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKAUS, BARBARA 1655 W. OLIVE AVE., #1 CHICAGO, IL 60646	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANKE, MARLENE 2101 W. RICE ST #206 CHICAGO, IL 60622	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAKSTAD, JENNIFER 1133 N DEARBORN #1801 CHICAGO, IL 60610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DED RUSSELL, CYNTHIA 2452 N BERRARD CHICAGO, IL 60647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, TIFFANNI 1117 N DEARBORN PKWY 611 CHICAGO, IL 60610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAUBER, LOUIS 45 CRESENT PL WILMETTE, IL 60091	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AFRI ALELANI ANIBA 445 E. 91st Street CHICAGO IL 60619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW CAMPBELL 4314 N MOZART #4 CHICAGO IL 60618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TROY CHRISTENSEN 1632 N. OAKLEY #3 CHICAGO IL 60647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DED RUSSELL, GAIL 2452 N BERNARD CHICAGO IL 60647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIE SMITH 3950 N LAKE SHORE DRIVE CHICAGO IL 60613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANASTASIA WEHRENBURG 1864 Sherman Ave EVANSTON IL 60201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gail K. Russell*  
Executive Director  
BOARD OFFICER

Date

Daytime Phone #


1/6/05 773-728-7014

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**ATTACHMENT**

<b>DOCUMENT # F02000001949</b>					<b>ATTACHMENT</b>	
1. Entity Name <b>SARAH'S CIRCLE INC.</b>						
Principal Place of Business 4750 N. SHERIDAN ROAD, #220 CHICAGO, IL 60640				Mailing Address P.O. BOX 408061 CHICAGO, IL 60640		
2. Principal Place of Business		3. Mailing Address		01062005 Chg-NP CR2E037 (10/03)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 36-3043662		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
				<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PERNAUS, BARBARA	<i>See Page 1</i>	NAME	CHRIS LONG	<i>1133 N DAMEN Ave #3 CHICAGO IL 60622</i>	
STREET ADDRESS	1855 W. OLIVE AVE., #1		STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60646		CITY-ST-ZIP			
TITLE	TD		TITLE	D		
NAME	FRANKE, MARLENE		NAME	James Poling		
STREET ADDRESS	2401 W. RICE ST #206		STREET ADDRESS	910 Washington St 2A		
CITY-ST-ZIP	CHICAGO, IL 60622	CITY-ST-ZIP	EVANSTON IL 60202	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAKSTAD, JENNIFER	<i>See Page 1</i>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1133 N DEARBORN #1801		STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60610		CITY-ST-ZIP			
TITLE	RED		TITLE			
NAME	RUSSELL, CYNTHIA		NAME			
STREET ADDRESS	2452 N BERRARD		STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60647	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDERS, TIFFANNI	<i>See Page 1</i>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1117 N DEARBORN PKWY 611		STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60610		CITY-ST-ZIP			
TITLE	SD		TITLE			
NAME	STAUBER, LOUIS		NAME			
STREET ADDRESS	45 CRESENT PL		STREET ADDRESS			
CITY-ST-ZIP	WILMETTE, IL 60091	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
<b>SIGNATURE:</b> <i>Gail K Russell</i>		Executive Director <i>Brook Officer</i>		Date <i>1/6/05</i> 773-728-1014		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #		

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