

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 26, 2004 8:00 am  
Secretary of State**

04-26-2004 90551 043 \*\*\*\*70.00

**DOCUMENT # F95000001857**



1. Entity Name  
**LIFELINK CHILD AND FAMILY SERVICES CORPORATION**

Principal Place of Business  
201 MONTGOMARY AVE  
SARASOTA, FL 34243 US

Mailing Address  
331 S. YORK ROAD  
BENSENVILLE, IL 60106 US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

WILSON, DON  
1800 N LOCKWOOD RIDGE RD  
SARASOTA, FL 34237

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, 2004**

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	C BECKER, ALAN 303 W. MADISON ST. CHICAGO, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, KATHY 2331 MARCY AVE. EVANSTON, IL 60201	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RHODES, TIMOTHY REV. 1918 COACH RD NAPERVILLE, IL. 60565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGSTRAIESSER, EDWARD T 212 S. MAPLE OAK PARK, IL 60302	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIMMERMAN, CARL REV 331 S YORK RD BIENSIENVILLE, IL 60106	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYTLE, JEAN 1338 W. PARK ARLINGTON HEIGHTS, IL 60005	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FAIRLEY, DONALD J. REV. 19617 LAKE LYNWOOD LYNWOOD, IL. 60411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOESEN, TOM 331 S. YORK RD. BENSENVILLE, IL 60106	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

**SIGNATURE:** Thomas L. Noesen Jr., Treasurer

04/06/04

630-521-8028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #