

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001857

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** LIFELINK CHILD AND FAMILY SERVICES CORPORATION

**Current Principal Place of Business:**

302 MANATEE AVE, EAST  
SUITE 314  
50, FL 34208 US

**New Principal Place of Business:**

1031 S EUCLID  
FIRST CONGREGATIONAL CHURCH  
SARASOTA, FL 34237 US

**Current Mailing Address:**

331 S YORK RD.  
BENSENVILLE, IL 60106 US

**New Mailing Address:**

331 S YORK RD.  
FINANCE DEPARTMENT  
BENSENVILLE, IL 60106 US

**FEI Number:** 36-3487477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURRAY, ANGELA  
302 MANATEE AVENUE, EAST  
SUITE 314  
BRADENTON, FL 34208 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RHODES, TIMOTHY REV  
Address: 331 S YORK RD.  
City-St-Zip: BENSENVILLE, IL 60106

Title: T ( ) Delete  
Name: JOHNNATHAN, EVARTS  
Address: 331 S YORK RD.  
City-St-Zip: BENSENVILLE, IL 60106

Title: VP ( ) Delete  
Name: SINBERSON, SUSAN  
Address: 331 S. YORK RD  
City-St-Zip: BENSENVILLE, IL 60106

Title: D ( ) Delete  
Name: WILSON, DON  
Address: 3503-65TH AVE. CIRCLE E  
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete  
Name: BINDER, PEG  
Address: 2249 FLORIDA  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: SYSTER, REV. DR. JOHN  
Address: 1031 S. EUCLID AVE  
City-St-Zip: SARASOTA, FL 34237

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SINDERSON, SUSAN  
Address: 331 S. YORK RD  
City-St-Zip: BENSENVILLE, IL 60106

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHNNATHAN S EVARTS

T

03/26/2009

Electronic Signature of Signing Officer or Director

Date