

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90100 013 ****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

4. FEI Number **36-3487477**

Applied For

Not Applicable

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

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

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

FILE NOW: FEE IS \$61.25

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 **C** ☐ Delete
NAME **BECKER, ALAN**
STREET ADDRESS **303 W. MADISON ST.**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GREEN, KATHY**
STREET ADDRESS **2331 MARCY AVE.**
CITY-ST-ZIP **EVANSTON IL 60201**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BERGSTRAIESSER, EDWARD T**
STREET ADDRESS **212 S. MAPLE**
CITY-ST-ZIP **OAK PARK IL 60302**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **ZIMMERMAN, CARL REV**
STREET ADDRESS **331 S YORK RD**
CITY-ST-ZIP **BIENSIENVILLE IL 60106**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LYTLE, JEAN**
STREET ADDRESS **1338 W. PARK**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL 60005**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **NOESEN, TOM**
STREET ADDRESS **331 S. YORK RD.**
CITY-ST-ZIP **BENSENVILLE IL 60106**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carl Zimmerman **Carl Zimmerman** 1/13/03 630-521-8007

CR2E037 (10/02)