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MAILED 4/20/18

FORM NFP 114.05 (rev. Oct. 2014)
DOMESTIC/FOREIGN CORPORATION
ANNUAL REPORT
General Not for Profit Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm 350
Springfield, IL 62756
217-782-7808
www.cyberdriveillinois.com

Payment must be made by check or money
order payable to Secretary of State.

Filing Fee: \$10 (if late, add \$3 penalty fee.) Year: 2018 File #: 68593638 Approved: _____

Note: A change in the Registered Agent and/or Registered Office may only be effected by filing Form NFP-105.10/105.20.

- 1. Corporation Name: The Alliance for Human Services
- 2. Registered Agent: Gail Weil
Registered Office: 1313 N. Delany Rd., 2nd Floor
City, IL, ZIP, County: Gurnee, IL 60031
- 3a. Date of Incorporation/Qualification: 12/27/2012 3b. State of Incorporation: Illinois
- 4. Names and Addresses of Corporation's Officers and Directors:

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
See Attached	President				
	Secretary				
	Treasurer				
	Director				
	Director				
	Director				

NOTE: List all officers and directors above or on an additional sheet. Illinois corporations must have three directors.

- 5. Brief statement of type of business the corporation is conducting:
To continuously improve the delivery of human services in Lake County, IL.
- 6. Is this corporation a **Condominium Association** as established under the Condominium Property Act? (check one)
 Yes No
- Is this corporation a **Cooperative Housing Corporation** defined in Section 216 of the Internal Revenue Code of 1954? (check one)
 Yes No
- Is this corporation a **Homeowner's Association** that administers a common-interest community as defined in subsection (c) of Section 9-102 of the Code of Civil Procedure? (check one)
 Yes No

ITEM 6 MUST BE COMPLETED. Failure to answer any question on this form may result in a late penalty, involuntary dissolution or revocation.

- 7. Address, including street and number, of Corporation's Principal Office:
1313 N. Delany Rd., 2nd Floor Gurnee IL 60031
Number and Street City State ZIP Code

Under penalties of perjury and as an authorized officer, I declare that this Annual Report, pursuant to the provisions of the General Not for Profit Corporation Act, has been examined by me and is to the best of my knowledge and belief, true, correct and complete.

ITEM 8 MUST BE SIGNED.

8. BY: X Gail Weil CHAIR 4.19.18
Authorized Officer's Signature Title Date

The Alliance for Human Services

File # 68593638

Attachment to Form NFP 114.05 Domestic/Foreign Corporation Annual Report

Year: 2018

Name	Position	Address	City	St	Zip
Gail Weil	President/Chair	482 Saddlebrook Lane	Vernon Hills	IL	60061
Carrie Callas	Vice Chair	3940 Carousel Drive	Northbrook	IL	60062
Janelle Miller Moravek	Secretary	811 Arthur Ave	Libertyville	IL	60048
Carl "Spark" Ball	Treasurer/Finance Committee Chair	1297 Waveland Ave	Gurnee	IL	60031
Mark Pfister	Governance Committee Chair	653 Providence Lane	Lindenhurst	IL	60046
Cheri Richardson	Member at Large	405 Lincoln Avenue	Lake Bluff	IL	60044
Ben Richards	Advocacy Committee Chair	18755 Old Plank Road	Wildwood	IL	60030
David Fries	Member at Large	3227 N. Normandy Ave	Chicago	IL	60634
Barbara Karacic	Membership & Marketing Committee Chair	1340 Longmeadow Lane	Lake Forest	IL	60048
Scott Jewitt	Member at Large	909 Tomahawk Trail	Round Lake Heights	IL	60073
Brenda O'Connell	Member at Large	408 Drake Street	Libertyville	IL	60048

7. **If authorized by the board of directors, sign here. (See Note 4 below.)**

The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated 4-19, 2018 The Alliance for Human Services
Month & Day Year Exact Name of Corporation

X Gail Weil
Any Authorized Officer's Signature

Gail Weil
Name and Title (type or print)

If change of registered office by registered agent, sign here. (See Note 5 below.)

The undersigned, under penalties of perjury, affirms that the facts stated herein are true and correct.

Dated _____, _____
Month & Day Year Signature of Registered Agent of Record

Name (type or print)
If Registered Agent is a corporation,
Name and Title of officer who is signing on its behalf.

NOTES

1. The registered office may, but need not be, the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
2. The registered office must include a street or road address (P.O. Box alone is unacceptable).
3. A corporation cannot act as its own registered agent.
4. Any change of registered agent must be by resolution adopted by the board of directors. This statement must be signed by a duly authorized officer.
5. The registered agent may report a change of the registered office of the corporation for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.

1117

THE ALLIANCE FOR HUMAN SERVICES
552 EAST DEERPATH
LAKE FOREST, IL 60045

LAKE FOREST BANK
& TRUST COMPANY*
A WINTRUST COMMUNITY BANK
70-2533/719

3/21/2018

PAY TO THE ORDER OF Secretary of State

\$ **18.00

Eighteen and 00/100*****

DOLLARS

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756

Paul M. Weil

AUTHORIZED SIGNATURE

MEMO IL Annual Report & Change of Registered Agent Fee

⑈001117⑈ ⑆071925334⑆ ⑈0000588105⑈

THE ALLIANCE FOR HUMAN SERVICES

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Secretary of State

3/21/2018

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
12/27/2017	Bill	68593638 2018	18.00	18.00		18.00
					Check Amount	18.00

Lake Forest Bank & T IL Annual Report & Change of Registered Agent

18.00

THE ALLIANCE FOR HUMAN SERVICES

1117

Secretary of State

3/21/2018

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