

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: 2019 File #: N 6859-363-8 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: Janelle Miller Moravek
 Registered Office: 114 South Genesee, Suite 505
 City, IL, ZIP, County: Waukegan, IL 60085
- 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:
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:
114 South Genesee, Suite 505 Waukegan IL 60085
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: *Janelle Miller Moravek* Chair, Board of Directors 1/2/2020
Authorized Officer's Signature Title Date

NOTICE

Under the General Not For Profit Corporation Act, this Annual Report must be properly executed and filed in the Office of the Secretary of State prior to the first day of the corporation's anniversary month each year. If filed on time, a \$10 filing fee only is required by statute. If filed later, a statutory \$3 penalty fee must be added.

This Annual Report must be properly completed and submitted to the Office of the Secretary of State.

Item 1: In the event of a change of corporate name, the Articles of Amendment (Form NFP 110.30) must be filed.

Item 2: A registered agent and/or registered office may not be changed on an Annual Report. To change the registered agent and/or registered office, Form NFP 105.10/105.20 must be filed with the Secretary of State. This form may be downloaded at www.cyberdriveillinois.com (click Departments, Business Services, Publications and Forms).

- The information requested must be given as the date of the execution of this report.
- This report must be signed by an authorized officer of the corporation.
- If this report is not filed, the corporation, if domestic, is subject to dissolution, or if foreign, is subject to having the authority revoked.

DEFINITIONS

- "Anniversary" means the day each year exactly one year or more years after:
 - (1) the date on the Articles of Incorporation issued under Section 102.15 of this Act, if a domestic corporation.
 - (2) the date on the Application for Authority issued under Section 113.20 of the Act, if a foreign corporation.
- "Anniversary month" means the month in which the anniversary of the corporation occurs.

FORM **NFP 105.10/105.20** (rev. Dec. 2003)
**STATEMENT OF CHANGE
 OF REGISTERED AGENT AND/OR
 REGISTERED OFFICE**
 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
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Remit payment in the form of a
 check or money order payable
 to Secretary of State.

File # N 6859-363-8 Filing Fee: \$5 Approved: _____

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

- Corporate Name: The Alliance For Human Services
- State or Country of Incorporation: Illinois
- Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State (before change):

Registered Agent:	<u>Janelle</u>	<u>Miller</u>	<u>Moravek</u>
	First Name	Middle Name	Last Name
Registered Office:	<u>1313</u>	<u>N. Delany Rd., 2nd Floor</u>	
	Number	Street	Suite # (P.O. Box alone is unacceptable)
	<u>Gurnee</u>	<u>60031</u>	<u>Lake</u>
	City	ZIP Code	County

- Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported):
- | | | | |
|--------------------|-----------------|------------------------------|--|
| Registered Agent: | <u>Janelle</u> | <u>Miller</u> | <u>Moravek</u> |
| | First Name | Middle Name | Last Name |
| Registered Office: | <u>114</u> | <u>114 South Genesee St.</u> | <u>Suite 505</u> |
| | Number | Street | Suite # (P.O. Box alone is unacceptable) |
| | <u>Waukegan</u> | <u>60085</u> | <u>Lake</u> |
| | City | ZIP Code | County |
- The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

- The above change was authorized by: ("X" one box only)
 - Resolution duly adopted by the board of directors. (See Note 4 on reverse.)
 - Action of the registered agent. (See Note 5 on reverse.)

SEE REVERSE FOR SIGNATURE(S).

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 _____, _____
Month & Day Year

The Alliance for Human Services
Exact Name of Corporation

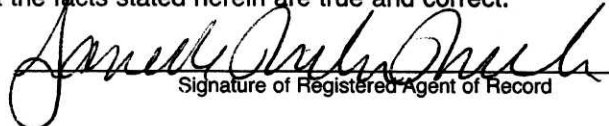

Any Authorized Officer's Signature

Janelle Miller Moravek, Board Chair
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 January 2, 2020, _____
Month & Day Year


Signature of Registered Agent of Record

Janelle Miller Moravek
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.