


06-10-2003 90035 022 ****61.25

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

DOCUMENT # N0100000324 1. Entity Name CITY LINKS 4CHARITIES, INC.		
Principal Place of Business 3437 BELLINGTON DR ORLANDO, FL 32835		Mailing Address 3437 BELLINGTON DR ORLANDO, FL 32835
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES		
4. FEI Number 59-3713388		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RODRIGUEZ, EFRAIN 3437 BELLINGTON DR ORLANDO, FL 32835		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when restoring) DATE</small>		
FILE NOW - FEES \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD RODRIGUEZ, EFRAIN 3437 BELLINGTON DR ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOLLY, ROBERT G 3437 BELLINGTON DR ORLANDO, FL 32835	DIRECTOR ILEANA ALVINO 3708 BRAMBLE CT ST CLOUD FL 34769
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANE, MUNECA 3437 BELLINGTON DR ORLANDO, FL 32835	DIRECTOR VICTOR M RODRIGUEZ 1900 LOKH BERRY RD WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 6/4/03 407 296 0713 <small>City/State #</small>

CR2037 (10/02)