


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90242 041 ****61.25

DOCUMENT # N01000008974					
1. Entity Name LINKS OF HOPE, INC.					
Principal Place of Business 3735 N. INDIAN RIVER DR. COCOA, FL 32926			Mailing Address 3735 N. INDIAN RIVER DR. COCOA, FL 32926		
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 01-0553077	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCDOWELL, JOSEPH 3735 N. INDIAN RIVER DR. COCOA, FL 32926			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 signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	S DELGADO, KENNETH REV. 1550 BOTTLEBRUSH DR NE PALM BAY, FL 32905		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark Tevebaugh 2020 Highway A1A Indian Harbor Beach, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, REV NATHANIEL 2729 LIPSCOMB STREET MELBOURNE, FL 32901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Suzie Tharp 2763 Galindo Circle Viera, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, JACKIE 1515 SARNA ROAD, BLDG B MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ligia Ines Probus 1130 Horizon Ct. Merritt Island, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, JEFFREY 151 W LEON STREET COCOA BEACH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Minot, PA 319 Riveredge Blvd Cocoa, FL 32922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAFFIOT, ROBERT R 8 RIVER RIDGE DR. ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D The Rev. Paul W. Young 3735 N. Indian River Dr. Cocoa, FL 32926	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKFORD, ERROL REV 1150 W KING ST COCOA, FL 32922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Joseph L McDowell</i>			<i>Joseph L. McDowell</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/21/06		
Daytime Phone #: (321) 690-0080			(Empty)		