

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008974

FILED
Apr 20, 2009
Secretary of State

Entity Name: LINKS OF HOPE, INC.

Current Principal Place of Business:

1535 N. COGSWELL ST.
SUITE C-20
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1535 N. COGSWELL ST.
SUITE C-20
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 01-0553077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDOWELL, REV JOSEPH L
1535 N. COGSWELL ST.
SUITE C-20
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GERVAIS, REV LEW
Address: 1731 HAMILTON AVE., SW
City-St-Zip: PALM BAY, FL 32908

Title: V () Delete
Name: HARRIS, REV NATHANIEL
Address: 2729 LIPSCOMB STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: ROOTSEY, CAROL
Address: 718 SPANISH COVE DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: T () Delete
Name: KING, JEFFREY
Address: 151 W LEON STREET
City-St-Zip: COCOA BEACH, FL 32931

Title: P () Delete
Name: CHAFFIOT, ROBERT R
Address: 8 RIVER RIDGE DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: ROBINSON, REV JOE C
Address: 223 ACORN ST.
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOLMES, RICHELLE R
Address: 424 PENGUIN DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH L MCDOWELL

ED

04/20/2009

Electronic Signature of Signing Officer or Director

Date