

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**NON-PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90177 031 ****61.25

DOCUMENT # **N97000003505N**
1. Corporation Name
LINKS WITH KIDS FOUNDATION, INC.

Principal Place of Business
**3123 N. BARTON CREEK CIR.
LECANTO, FL 34461**

Mailing Address
**3123 N. BARTON CREEK CIRCLE
LECANTO, FL 34461**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified JUNE 16, 1977	
4. FEI Number 17053309027007	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 3123 N. BARTON CREEK CIRCLE Suite, Apt. #, etc.	2a. Mailing Address 3123 N. BARTON CREEK CIRCLE Suite, Apt. #, etc.
22. City & State LECANTO, FL	27. City & State LECANTO, FL
24. Zip 34461	29. Zip 34461
25. Country USA	30. Country USA

9. Name and Address of Current Registered Agent

JOHN E. BRICK
3123 N. BARTON CREEK CIRCLE
LECANTO, FL 34461

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE John E. Brick **JOHN E. BRICK, PRESIDENT** **4/26/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DIRECTOR, PRESIDENT, TREASURER	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN E. BRICK		1.2 NAME	
STREET ADDRESS 3123 N. BARTON CREEK CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP LECANTO, FL 34461		1.4 CITY-ST-ZIP	
TITLE DIRECTOR, SECRETARY	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MINI DRAPER WALSH		2.2 NAME	
STREET ADDRESS 21 SANDY HILL ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP CHATHAM, NJ 07928		2.4 CITY-ST-ZIP	
TITLE DIRECTOR	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRED HARKNESS		3.2 NAME	
STREET ADDRESS 19662 RED MAPLE LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP TEQUESTA, FL 33458		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John E. Brick **JOHN E. BRICK, PRESIDENT** **4/26/99** **(352) 527-2805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)