


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003505 1. Entity Name LINKS WITH KIDS FOUNDATION, INC.	
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Principal Place of Business 3123 BARTON CREEK CIR LECANTO, FL 34461	Mailing Address 3123 BARTON CREEK CIR LECANTO, FL 34461
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04242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0763876	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRICK, JOHN E 3123 N BARTON CREEK CIR LECANTO, FL 34461

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

U000000133356
04/27/04-80084-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT BRICK, JOHN E. 3123 BARTON CREEK CIR LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WALSH, MIMI 21 SANDY HILL ROAD CHATHAM, NJ 07928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARKNESS, FORD 19662 REDMAPLE LANE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: John E. Brick **JOHN E. BRICK** **4-23-04** **352/527-2805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #