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

DOCUMENT # N9700003505

LINKS WITH KIDS FOUNDATION, INC.

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May 05, 2003 8:00 am § Secretary of State

05-05-2003 90175 013 ****61.25

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Principal Place of Business				ng Address		 	\exists				
3123 BARTON CREEK CIR LECANTO FL 34461			3123 BARTON CREEK CIR LECANTO FL 34461								
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2 Principal P	lace of Busin	255	3 Ma	illing Address	*			3			
2. Principal Place of Business 3. N				. Maining Address			: (BD) (150 CO) (BC() (BD() (B)) (BD() (B)) (BD() (BD() (BD() (B)) (BD() (BD() (B)) (BD() (BD() (B)) (B)				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State			4. FEI Number 65-0763876 Applied For Not Applied			Applied For Not Applicable	
Zip Country			Z	p	Col	untry	5. Certificate of Status Desired				
	6. Name	and Address of Current	Register	ed Agent	L	Ţ <u></u>	7. Name and Add	ress of New Registere	<u>-</u>		
					Name						
BRICK, JOHN E 3123 N BARTON CREEK CIR						Street Address	treet Address (P.O. Box Number is Not Acceptable)				
) FL 34461	EER GIN	·								
						City			Zip Co	de	
O The observe		o b mito this statement for	- th a	ana af akaanin ita		<u> </u>		F			
	named entity ions of regist	y submits this statement fo ered agent.	r tne purp	pose or changing its	register	ea onice or regist	ered agent, or both, in	ine State of Florida. Tai	n iamiliar witr	i, and accept	
l											
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if ap	plicable. (NOTE	Registere	ed Agent signature requir	red when reinstating)	DATE			
				Γ							
FILE NOW: FEE IS \$61.25 9. Election Campaign Fi						\$5.00 May Be		ck Payable			
Ģ				Trust Fund Contribution.			Added to Fees	Florida Depa	artment of	State	
10,	,	OFFICERS AND DIF	RECTORS	<u> </u>	11.		ADDITIONS/CHANGE	S TO OFFICERS AND I	DIRECTORS I	N 10	
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	BRICK, JO	HN E. FON CREEK CIR			NAM	IE Eet adoress				1	
	LECANTO					-ST-ZIP					
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	WALSH, M				NAM	_				}	
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CITY-ST-ZIP	* `	·			CITY	-ST-ZIP					
TITLE		<u></u>		☐ Delete	TITLI	ľ			☐ Change	☐ Addition	
NAME STORET ADDRESS					NAM					1	
STREET ADDRESS City-St-Zip						EET ADDRESS '- ST-ZIP					
	ertify that the	information supplied with	this filing	does not qualify for			Section 119.07(3)(i). Flo	rida Statutes. I further o	ertify 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 eath; 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 4-28-03 352/527-0825