

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001247

Entity Name: CENTERLINK INC.**Current Principal Place of Business:**1001 NW 62ND ST. BLD. 3
SUITE 308
FORT LAUDERDALE, FL 33307**Current Mailing Address:**P O BOX 24490
FORT LAUDERDALE, FL 33307-4490 US**FEI Number:** 52-2292725**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SPIVAK, DENISE
1001 NW 62ND ST. BLD. 3
SUITE 308
FORT LAUDERDALE, FL 33307 US*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:** DENISE SPIVAK**04/25/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ANDERSON, SARAH
Address 4886 24TH AVENUE S
City-State-Zip: SEATTLE, WA 98108

Title DIRECTOR
Name BARTLETT, CHRIS
Address 1315 SPRUCE ST
City-State-Zip: PHILADELPHIA PA 19107

Title DIRECTOR
Name WALLS, STACIE
Address 222 W, 21ST ST, SUITE F-308
City-State-Zip: NORFOLK VA 23517

Title DIRECTOR
Name MOORE, PAUL
Address 245 SOUTH BEVERLY DR
City-State-Zip: BEVERLY HILLS CA 90212

Title CEO
Name SPIVAK, DENISE
Address 1001 NW 62ND ST. BLDG 3
SUITE 308
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name COX, CECE
Address 5750 CEDAR SPRINGS RD.
City-State-Zip: DALLAS TX 75235

Title DIRECTOR
Name KRISTEL, MICHELLE
Address 301 WEST 115TH ST, #5G
City-State-Zip: NEW YORK NY 10026

Title TREASURER
Name MODESTO, TICO
Address 3656 N. HALSTED
City-State-Zip: CHICAGO IL 60613

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I hereby 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 all other like empowered.

SIGNATURE: DENISE SPIVAK**CEO****04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CO-CHAIR
Name TESTONE, GLENDA
Address 208 WEST 13TH ST
City-State-Zip: NEW YORK NY 10011

Title CO-CHAIR
Name BOO, ROBERT
Address 2040 N. DIXIE HIGHWAY
City-State-Zip: WILTON MANORS FL 33305

Title SECRETARY
Name LANCE, TOMA LCSW
Address 730 POLK STREET
City-State-Zip: SAN FRANCISCO CA 94109

Title DIRECTOR
Name HARRIS, PHYLLIS
Address 6705 DETROIT AVENUE
City-State-Zip: CLEVELAND OH 44102

Title DIRECTOR
Name WEBB, MARVIN
Address 45 WEST 36TH STREET, 8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name MADDOCK, JAY
Address 729 FAIRVIEW AVE.
City-State-Zip: KALAMAZOO MI 49008

Title DIRECTOR
Name GARCIA, DAVE
Address 290 WEST NINE MILE ROAD
City-State-Zip: FERNDALE MI 48220

Title DIRECTOR
Name LAGRONE, TANDRA
Address 245 LARK STREET
City-State-Zip: ALBANY NY 12210