2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

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Entity Name: JACKSONVILLE (FL) CHAPTER OF THE LINKS, INCORPORATED

Current Principal Place of Business:

2395 OLD PINE TRAIL
FLEMING ISLAND, FL 32003

New Principal Place of Business:

Current Mailing Address:

2395 OLD PINE TRAIL
FLEMING ISLAND, FL 32003

New Mailing Address:

FEI Number: 59-2010794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LATIMER, MARRETTA N
1405 HARRISON COURT
JACKSONVILLE, FL 32208 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: PRES ( ) Delete
Name: SMITH, GERALDINE
Address: 2395 OLD PINE TRAIL
City-St-Zip: FLEMING ISLAND, FL 32003

Title: VP ( ) Delete
Name: LEBLANC, MARIETTA
Address: 5477HICKORY GROVE LANE
City-St-Zip: JACKSONVILLE, FL 32277

Title: SEC ( ) Delete
Name: DEMPS, KENYONN
Address: 13676 FISH EAGLE DRIVE, WEST
City-St-Zip: JACKSONVILLE, FL 32226

Title: FSEC ( ) Delete
Name: SCOTT, STEPHANIE
Address: 1751 DAYTONA LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TREA ( ) Delete
Name: MCCARTHY, MONIQUE
Address: 3807 HARBORVIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: CSEC ( ) Delete
Name: MOORE, JOHNETTA
Address: 12555 ANGEL LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SMITH, GERALDINE W DR,
Address: 2395 OLD PINE TRAIL
City-St-Zip: FLEMING ISLAND, FL 32003

Title: VP (X) Change ( ) Addition
Name: LEBLANC, MARIETTA
Address: 5477 HICKORY GROVE LANE
City-St-Zip: JACKSONVILLE, FL 32277

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

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: GERALDINE W. SMITH PRES 02/19/2008

Electronic Signature of Signing Officer or Director — Date