2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000005347

Entity Name: LINKAGES AND LEGACIES, INCORPORATED

Current Principal Place of Business:

900 NE 97TH STREET
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

900 NE 97TH STREET
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 26-0414879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRAZIER, R. JOLLIVETTE
900 NE 97TH STREET
MIAMI SHORES, FL 33138 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: DP ( ) Delete
Name: STRACHAN, FLORENCE G
Address: 1341 NW 143RD STREET
City-St-Zip: MIAMI, FL 33167

Title: DV ( ) Delete
Name: FRAZIER, R. JOLLIVETTE
Address: 900 NE 97TH STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: DS ( ) Delete
Name: CULMER, ANGELA M
Address: 1434 NW 55TH TERRACE
City-St-Zip: MIAMI, FL 33142

Title: DT ( ) Delete
Name: NIXON, BEVERLY E
Address: 7626 NW 11TH AVE
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FLORENCE G. STRACHAN PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date