

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005347

FILED  
Mar 20, 2012  
Secretary of State

**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  
**Name:** STRACHAN, FLORENCE G  
**Address:** 1341 NW 143RD STREET  
**City-St-Zip:** MIAMI, FL 33167

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

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

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

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:** FLORENCE STRACHAN

PRES

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date