2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Mar 04, 2008 8:00 am DOCUMENT # N07000008146 **Secretary of State** 1. Entity Name 03-04-2008 90019 034 \*\*\*\*61.25 COMMUNITY LINK WEST PALM BEACH, INC. Mailing Address Principal Place of Business 4220 BROADWAY 4220 BROADWAY WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4220 Broadwar Suite, Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State 4. FEI Number Applied For 261107209 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEPHS, AILEEN ESQUIRE Street Address (P.O. Box Number is Not Acceptable) LAW OFFICES OF AILEEN JOSEPHS, P.A. 301 CLEMATIS STREET, SUITE 3000 WEST PALM BEACH FL 33401 Zio Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Bug-stored Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution, Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition MACPHAIL, DUANE NAME 4220 BROADWAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY - ST - ZIP CITY-ST-ZiP DVP TOLE ☐ Delete ☐ Change ☐ Addition MILLER, KEITH NAME NAME 4220 BROADWAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY- ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ☐ Addition FERNANDEZ, GERMAN NAME NAME 4220 BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP DS TITLE ☐ Delete TITLE Change ☐ Addition JOSEPHS, AILEEN NAME 4220 BROADWAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change C Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY-ST-ZP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

200

2/25/2008 56/8024/19

FILED