# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 03, 2010**
**Secretary of State**

DOCUMENT# N09000000769

**Entity Name:** THE MISSING LINK OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

501 EAST BAY STREET
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 43482
JACKSONVILLE, FL 322033482

**New Mailing Address:**

**FEI Number: 80-0434940** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

BUCHANAN, MARLA K ESQ.`
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207 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: P
Name: PANNELL, KATHY
Address: P.O. BOX 43482
City-St-Zip: JACKSONVILLE, FL 322033482

Title: VP
Name: BENJAMIN, CAROL A
Address: P.O. BOX 43482
City-St-Zip: JACKSONVILLE, FL 322033482

Title: T
Name: WELCKER, DANA
Address: P.O. BOX 43482
City-St-Zip: JACKSONVILLE, FL 322033482

Title: S
Name: HOUSTON, CINDY
Address: P.O. BOX 43482
City-St-Zip: JACKSONVILLE, FL 322033482

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: CINDY HOUSTON S 05/03/2010
Electronic Signature of Signing Officer or Director Date