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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34918 (5)

1. Corporation Name

PROJECT LINK, INC. (LOCAL IMPACT ON NEIGHBORHOOD KIDS)

Principal Place of Business	Mailing Address
1315 W. SPRUCE ST. TAMPA FL 33607	1315 W. SPRUCE ST. TAMPA FL 33607-3510



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

3. Date Incorporated or Qualified 10/26/1989	3a. Date of Last Report 08/07/1996
4. FEI Number 59-2976029	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**BRYANT, MARY E.
901 E KENNEDY BLVD
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, MARY E	1.2 NAME	
STREET ADDRESS	901 E. KENNEDY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, GERALDINE	2.2 NAME	
STREET ADDRESS	2806 ST. CONRAD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WHARTON, MINNIE L	3.2 NAME	
STREET ADDRESS	801 N. ALBANY AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Minnie L. Wharton 4-30-97 (813) 213-7000

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone # 0047474

CR2E037 (9/96)