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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 **P.O. Box 4447 33677**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 4447**

22 City & State

27 City & State

23 Zip

Country

28 **Tampa, FL**

24 Zip

Country

29 **33677**

Country

3. Date Incorporated or Qualified

10/26/1989

4. FEI Number

59-2976029

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Mary E. Bryant

82 Street Address (P.O. Box Number is Not Acceptable)

4324 Green St.

83

84 City

Tampa

FL

85 Zip Code

33607

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☐ DELETE

NAME **BRYANT, MARY E**
STREET ADDRESS **901 E. KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL 33602**

1.1 TITLE **DC** ☒ Change ☐ Addition

1.2 NAME **Mary Bryant**
1.3 STREET ADDRESS **4324 Green St**
1.4 CITY-ST-ZIP **Tampa, FL 33607**

TITLE **DV** ☐ DELETE

NAME **BARNES, GERALDINE**
STREET ADDRESS **2606 ST. CONRAD ST.**
CITY-ST-ZIP **TAMPA FL 33607**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Millicent Gary**
2.3 STREET ADDRESS **1202 Palm Av.**
2.4 CITY-ST-ZIP **Tampa, FL 33605**

TITLE **DS** ☐ DELETE

NAME **WHARTON, MINNIE L**
STREET ADDRESS **801 N. ALBANY AVE.**
CITY-ST-ZIP **TAMPA FL 33607**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I 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: **Mary E. Bryant** 1-13-98 (B13) 276-5671

CR2E037 (10/97)