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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34918**

1. Corporation Name

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

Principal Place of Business	Mailing Address
1315 W. SPRUCE ST. TAMPA FL 33607	PO BOX 4447 TAMPA FL 33677 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/26/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2976029 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRYANT, MARY E 4324 GREEN ST TAMPA FL 33607	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE	Tr V	☒ Change ☐ Addition
NAME	BRYANT, MARY E		1.2 NAME	Bryant, Mary	
STREET ADDRESS	4324 GREEN ST		1.3 STREET ADDRESS	4324 Green St.	
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	DV	☐ DELETE	2.1 TITLE	Tr C	☒ Change ☐ Addition
NAME	BARNES, GERALDINE		2.2 NAME	Barnes, Geraldine	
STREET ADDRESS	2606 ST. CONRAD ST.		2.3 STREET ADDRESS	2606 St. Conrad St.	
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	DS	☐ DELETE	3.1 TITLE	Tr	☐ Change ☒ Addition
NAME	WHARTON, MINNIE L		3.2 NAME	Ken Gaughan	
STREET ADDRESS	801 N. ALBANY AVE.		3.3 STREET ADDRESS	1202 Palm Avenue	
CITY-ST-ZIP	TAMPA FL 33607		3.4 CITY-ST-ZIP	Tampa, FL 33605	
TITLE	T	☒ DELETE	4.1 TITLE	Tr T	☒ Change ☒ Addition
NAME	MILLICENT, GARY		4.2 NAME	Barbara J. Pittman, Esquire	
STREET ADDRESS	1202 PALM AVE.		4.3 STREET ADDRESS	10014 N Dale Mabry Hwy	
CITY-ST-ZIP	TAMPA FL 33605		4.4 CITY-ST-ZIP	Tampa, FL 33618	
TITLE		☐ DELETE	5.1 TITLE	Tr	☐ Change ☒ Addition
NAME			5.2 NAME	Carol Kurdell	
STREET ADDRESS			5.3 STREET ADDRESS	3308 W Alline Avenue	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa, FL 33611	
TITLE		☐ DELETE	6.1 TITLE	Tr	☐ Change ☐ Addition
NAME			6.2 NAME	Margaret Prince	
STREET ADDRESS			6.3 STREET ADDRESS	4125 N Lincoln Av #308	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tampa, FL 33607	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/19/99 (813)272-5074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #