

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34918

FILED
Jan 29, 2008
Secretary of State

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

Current Principal Place of Business:

1315 W. SPRUCE ST.
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

PO BOX 4447
TAMPA, FL 33677 US

New Mailing Address:

FEI Number: 59-2976029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, MARY E
4324 GREEN ST
TAMPA, FL 33607 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: TRV () Delete
Name: BRYANT, MARY E
Address: 4324 GREEN ST
City-St-Zip: TAMPA, FL 33607

Title: TRC () Delete
Name: YOUNG, TINA
Address: 18002 RICHMOND PL DR
City-St-Zip: TAMPA, FL 33647

Title: DS () Delete
Name: WHARTON, MINNIE L
Address: 801 N. ALBANY AVE.
City-St-Zip: TAMPA, FL 33607

Title: TRT () Delete
Name: PITTMAN, BARBARA J ESQ.
Address: 10014 N. DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: TR () Delete
Name: KURDELL, CAROL
Address: 3308 W. ALLINE AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TINA YOUNG

TRC

01/29/2008

Electronic Signature of Signing Officer or Director

Date