

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Sep 09 1998 8:00am
Secretary of State

DOCUMENT # N49032 (8)
 1. Corporation Name
NORTH BROWARD COUNTY CHAPTER, THE LINKS, INC.



Principal Place of Business: **9650 NW 42 ST. CORAL SPRINGS FL 33065**
 Mailing Address: **9650 NW 42 ST. CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified: **05/22/1992**
 4. FEI Number: **65-0389951**
 Applied For: Not Applicable:

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$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
SMITH, MYRIELLE D
7803 SW 8TH STREET
N LAUDERDALE FL 33068

10. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUFFIN, DOROTHY L	
STREET ADDRESS	9650 NW 42 ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BANJO, PADDIE	
STREET ADDRESS	7003 NW 40TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, MYRIELLE D	
STREET ADDRESS	7803 SW 8 STR	
CITY-ST-ZIP	NO LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BENNETT, DORIS	
STREET ADDRESS	7051 SAN SEBASTIAN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	THOMPSON, ODESSA	
STREET ADDRESS	6801 NW 44 CT.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSEBURR, MARGARET	
STREET ADDRESS	56 SW 114 TERR.	
CITY-ST-ZIP	CORAL SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Margaret Roseburr
2.3 STREET ADDRESS	56 SW 114 Terr
2.4 CITY-ST-ZIP	Coral Springs, Fl.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barbara Rhone
4.3 STREET ADDRESS	1530 NW 3rd Terrace
4.4 CITY-ST-ZIP	Pompano Beach, Fl.
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mildred Bryant
5.3 STREET ADDRESS	8055 beitner Drive W.
5.4 CITY-ST-ZIP	Coral Springs, Fl.
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Carol Smith
6.3 STREET ADDRESS	2310 NW 115th Drive
6.4 CITY-ST-ZIP	Coral Springs, Fl.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Sandra B. Mortham Dorothy L. Ruffin 8/31/98 954-753-6679
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)