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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

COCUMENT # N96000003426

Interlink Community Development Corporation

Principal Place of Business		Mailing Address											
						F	2 Data Incorr	tand or Ou	-1:5:24				
							3. Date Incorp						
						F	June 2		70			1	
							4. FEI Numbe		-		\vdash		lied For
		The state of the s					31-147	/0064					Applicable
F0 F0	Place of Business	2a. Mailing Address	20105			Ì	5. Certificate	of Status Desi	ired	XΧ			iditional
21 5858 s.w. 68 Street 26 P.O.Box 43		1102					<u>_</u>				e Requ		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Ca	. •	ncing	r 		00 ма		
22 27					- $+$		Contribution	<u>-</u>			ed to F		
City & State		City & State 28 South Miami, FL				7. Is this nonp	profit corporati				iation?		
23 South Miami, FL		Zip Country					Yes XXNo 8. This corporation owes or has paid the current year Intangible						
Zip 3314	Country 3 25 U S.A.		in U	•			-		-	_	rrentyea ∐IYes 1		
24 3314	120		<u>0 0 0</u>		• M •		10. Name and	roperty Tax du					<u> </u>
9. Name and Address of Current Registered Agent					Name		10. Name and	Address of t	New net	jistereu .	Agent		
1 :	Lynn C. Washington			81	i Nati i ve	3							
1	701 Brickell Avenu			82	Street	t Address	(P.O. Box Num	nber is Not Ac	ceptable	e)			
:	Suite # 3000		ļ	Ш	ļ		<u> </u>						
	**		i	83									
1	Miami, F1 33131			84	City						85	Zip Co	~ ~
				57	City					FL	. 65	ZIP CO	ue
11. Pursuant	to the provisions of Sections 617,0502 a	ind 617.1508, Florida Statutes.	, the al	bove	-named	d corpora	ition submits thi	is statement f	or the pu	irpose of	changi	ng its r	egistered
office or	to the provisions of Sections 617.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was aut	horized de Stat	d by tutes	the corp	rporation's	s board of direc	ctors. I hereby	v_accept	the appo	ointment	as reg	jištered
	att talling with and decept the deligant	(15 OI, 00000(1 O 1 1 10000) 1 141.14	J# 4	.0.00	.								
SIGNATURE	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE, F	Registere	d Age	ent signature	re required w	vhen reinstating)	<u></u>		DATE			
12. OFFICERS AND DIRECTORS		13.				ADDITIONS/	CHANGES TO		ERS AND	DIREC	TORS	!N. 12	
TITLE	President/Directorn Jr 🗆 DELTE		1,1 TI	.,		i	ector/P	reside	ent	_	K KChar		Addition
NAME Simon P. Codrington Jr.			1.2 N	AME		Simo	on P. C	codring	gton	Jr.			
STREET ADDRESS 5878 S.W.61 Street			1,3 S7	1,3 STREET ADDRESS 6		6620	O s.w.	63 Ave	nue		_		
CITY-ST-ZIP	1		1.4 CI	1.4 CITY-ST-ZIP			th Miam		-				
TITLE	Director/Vice President DELETE			2.1 TITLE				-			L Char	nge	Addition
NAME	Leon Valentine			2.2 NAME			51	0000	12b	15 7	51	6-	:
STREET ADDRESS 6251 s.w. 63 Avenue					ADDRESS					330			
0231 8:4: 03 MVCMac				2 4 CiTY-ST-ZIP				米米)	***7(0.00	未未来	**7(0.00
TITLE DIRECTOR/VICE President DELETE				3.1 TITLE							☐ Char	770	Addition
NAME Ralph Eques, Jr.				3.2 NAME								igo .	Addition
STREET ADDRESS 5751 s.w.58 Court			3.3 STREET ADDRESS										
GTY-SI-ZP South Miami, FL 33143			3.4, CITY-ST-ZIP		 					- 0		,	
· · · ·				4.1 TITLE		-		•			☐ Chan	ige L	Addition
NAME			4. 2 NAME		Ì							1	
STREET ADDRESS 5980 S.W.63 Court		4.3 ST	4.3 STREET ADDRESS		1								
CITY - ST - ZIP	ony-sr-zip Miami, FL 33143		4.4 CITY - ST - ZIP										
TOTLE	Director/Treasure	r 🗆 DELETE	5.1 TIT	ILE		1		_		·· -	☐ Chan	ige L	Addition
NAME	Joseph M. Gibson		5.2 NA	AME									
STREET ADDRESS	6221 S.W. 63 Cour	'も	5.3 ST	reet /	ADDRESS								
CITY-ST-ZIP	ry-sr-zp South Miami, FL 33143		5.4 CITY - ST - ZIP										
	COORDIN MITARITY PIN -	3143	5.4 CI	11.21	1 - 4414	ł							
TITLE	South Miami, PL -	3143 □ DELETE	5.4 CIT		1 - 2,11	\dagger					Chan	ige [Addition
NAME	South Miani, Fr		_	TLE	1 2,1	<u> </u>					· Chan	ige L	Addition
1	South Miami, FD t		6.1 TIT 6.2 NA	TLE AME	ADDRESS	7	:6/L	9/1	20		· 🔲 Chan	ige C	Addition

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statules. Thurther 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: