

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # 757835 (4)**  
1. Corporation Name  
**OPA-LOCKA COMMUNITY DEVELOPMENT CORPORATION, INC.**



Principal Place of Business	Mailing Address
490 OPA-LOCKA BOULEVARD SUITE 20 OPA LOCKA FL 33054	490 OPA-LOCKA BOULEVARD SUITE 20 OPA LOCKA FL 33054

3. Date Incorporated or Qualified <b>05/05/1981</b>	3a. Date of Last Report <b>09/21/1995</b>
4. FEI Number <b>59-2106635</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**WICK, DANIEL A JR  
490 OPA-LOCKA BLVD.  
SUITE 20  
OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	DT	<input type="checkbox"/> DELETE
NAME	MARTIN, MICHAEL	
STREET ADDRESS	4403 NE 73RD STREET	
CITY-ST-ZIP	CORAL SPGS FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BROWN, MARY A	
STREET ADDRESS	1829 NW 152ND ST	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEMBERTON, DAVID MELBERT	
STREET ADDRESS	2520 N.W. 156TH STREET	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SABIR, NASHID	
STREET ADDRESS	1370 NW 183RD STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	WICK, DANIEL A., JR.	
STREET ADDRESS	490 OPA-LOCKA BLVD S-20	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLAKELY, JACK	
STREET ADDRESS	7724 HARBOUR BLVD	
CITY-ST-ZIP	MIRAMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MILLS, DENISE	
13 STREET ADDRESS	10765 N.W. 11TH STREET	
14 CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	FELTON, MILTON	
43 STREET ADDRESS	5190 N.W. 167TH STREET, SUITE 204	
44 CITY-ST-ZIP	MIAMI, FL 33014	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	CARSWELL, KEITH	
53 STREET ADDRESS	3613 E. FORGE ROAD	
54 CITY-ST-ZIP	DAVIE FL 33328	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	HOLLOWAY, WILBERT T.	
63 STREET ADDRESS	6231 N.W. 201 ST	
64 CITY-ST-ZIP	HIALEAH FL 33015	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Daniel Wick DANIEL A WICK Date: 5/3/96 305-687-3855 Daytime Phone #

CR2E037 (12/95)