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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000000151

1. Corporation Name
OPA-LOCKA ROTARY FOUNDATION INC.

573570 - 90014 - 36

DOCUMENT # 2

Principal Place of Business	Mailing Address
500 NW 165TH STREET ROAD STE 205 MIAMI FL 33169-6304	500 NW 165TH STREET ROAD STE 205 MIAMI FL 33169-6304

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2370 N.W. 174th Terr	26 2370 N.W. 174th Terr	01/12/1998
Suite, Apt. #, etc. 22 OPA-Locka, Fl.	Suite, Apt. #, etc. 27 OPA-Locka Fl.	4. FEI Number 650812575 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 33056 Country 25 Dade	Zip 29 33056 Country 30 Dade	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

THOMPKINS, RONALD CPA
500 NW 165TH STREET ROAD
STE 205
MIAMI FL 33169-6304

10. Name and Address of New Registered Agent

81 Name: Rev. Dr. Dennis M. Jackson
82 Street Address (P.O. Box Number Is Not Acceptable): 2370 N.W. 174th Terr.
83 City: OPA-Locka, Fl. 84 FL 85 Zip Code: 33056

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: Rev. Dr. Dennis M. Jackson DATE: Apr. 28, 1999
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☑ Addition D Ozzie Ritchie Tucker 2370 N.W. 174th Terr OPA-Locka, Fl. 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, DENNIS 500 NW 165TH STREET ROAD MIAMI FL 33169-6304	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition P/D COBD Rev. Dr. Dennis M. Jackson 2370 N.W. 174th Terr. OPA-Locka, Fl. 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPKINS, RONALD CPA 500 NW 165TH STREET ROAD MIAMI FL 33169-6304	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☑ Addition D Mark Jolly 2370 N.W. 174th Terr. OPA-Locka, Fl. 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☑ Addition T Sonny Wright 4600 N.W. 7th Ave Miami, Fl. 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☑ Addition T Dorothea Dumond 2370 N.W. 174th Terr. Miami, Fl. 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Rev. Dr. Dennis M. Jackson SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 28, 1999 (305) 620-7336
Date Daytime Phone #

CR2E037 (11/98)