2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 757835

Entity Name: OPA-LOCKA COMMUNITY DEVELOPMENT CORPORATION, INC.

FILED Jan 16, 2015 **Secretary of State** CC0134254775

Current Principal Place of Business:

490 OPA-LOCKA BOULEVARD, SUITE 20

OPA LOCKA, FL 33054

Current Mailing Address:

490 OPA-LOCKA BOULEVARD, SUITE 20 OPA LOCKA, FL 33054

FEI Number: 59-2106635 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EMAMI, SHAHRZAD 490 OPA-LOCKA BOULEVARD, SUITE 20 OPA LOCKA, FL 33054 US

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: SHAHRZAD EMAMI 01/16/2015

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title VΡ

Name LOGAN, WILLIE Name WILLIAMS-BALDWIN, STEPHANIE

Address 490 OPA LOCKA BLVD., #20 Address 490 OPA-LOCKA BOULEVARD, SUITE

490 OPA-LOCKA BOULEVARD, SUITE

City-State-Zip: MIAMI FL 33054 City-State-Zip: OPA LOCKA FL 33054

Title **CHAIRMAN**

Title VC HOLLOWAY, WILBERT T Name

Name DURHAM, BERNARD Address 490 OPA-LOCKA BOULEVARD, SUITE

Address

OPA LOCKA FL 33054 City-State-Zip: City-State-Zip: OPA LOCKA FL 33054

Title **SECRETARY**

Title **TREASURER** ALICE-BROWN, MARY Name Name COWINS, BILL

490 OPA-LOCKA BOULEVARD, SUITE Address Address 490 OPA-LOCKA BOULEVARD, SUITE

20

City-State-Zip:

OPA LOCKA FL 33054

City-State-Zip: OPA LOCKA FL 33054

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE WILLIAMS-BALDWIN

SVP

01/16/2015