

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757835

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC9463687437**

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

**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:** Yes

**Name and Address of Current Registered Agent:**

WILLIAMS-BALDWIN, STEPHANIE  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LOGAN, WILLIE  
Address 490 OPA LOCKA BLVD., #20  
City-State-Zip: MIAMI FL 33054

Title VP  
Name WILLIAMS-BALDWIN, STEPHANIE  
Address 490 OPA-LOCKA BOULEVARD, SUITE  
20  
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

**MGR**

**01/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date