

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 714452 (0)

1. Corporation Name

OPA-LOCKA OPTIMIST CLUB BOYS WORK EXTENSION, INC



Principal Place of Business

Mailing Address

330 SHARAZAD BLVD  
P O BOX 667  
OPA LOCKA FL 33054-3594330 SHARAZAD BLVD  
P O BOX 667  
OPA LOCKA FL 33054-35443. Date Incorporated or Qualified  
04/17/19683a. Date of Last Report  
11/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-6159269Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINTON, MARVIN P  
17201 N.W. 51ST PLACE  
MIAMI FL 33055

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HINTON, MARVIN  
STREET ADDRESS 17201 N.W. 51ST PLACE  
CITY-ST-ZIP MIAMI FL 33055

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

TITLE VPT  
NAME BROWN, ED  
STREET ADDRESS 15520 N.W. 19TH AVENUE  
CITY-ST-ZIP OPA-LOCKA FL 33054

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE VPT  
NAME MURRAY, CAROL  
STREET ADDRESS 15520 N.W. 19TH AVENUE  
CITY-ST-ZIP OPA LOCKA FL 33054

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE VPT  
NAME KELLEY, JOE  
STREET ADDRESS 485 DUAND AVE  
CITY-ST-ZIP OPA LOCKA FL 33054

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE ST  
NAME MCCLOUD, WANDA  
STREET ADDRESS 3000 N.W. 191 ST.  
CITY-ST-ZIP MIAMI FL 33056

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

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 do 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.

SIGNATURE: MARVIN P. HINTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2-18-97  
Daytime Phone # 621-3717  
0024999

CR2E037 (9/96)