

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714452 (0)
 1. Corporation Name
OPA-LOCKA OPTIMIST CLUB BOYS WORK EXTENSION, INC

Principal Place of Business 330 SHARAZAD BLVD P O BOX 667 OPA LOCKA FL 33054-3594	Mailing Address 330 SHARAZAD BLVD P O BOX 667 OPA LOCKA FL 33054-3594
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3. Date Incorporated or Qualified
04/17/1968

4. FEI Number
59-6159269

Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**HINTON, MARVIN P
 17201 N.W. 51ST PLACE
 MIAMI FL 33055**

10. Name and Address of New Registered Agent
 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 _____ DATE _____
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, MARVIN	1.2 NAME	
STREET ADDRESS	17201 N.W. 51ST PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	1.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ED	2.2 NAME	
STREET ADDRESS	15520 N.W. 19TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL 33054	2.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, CAROL	3.2 NAME	
STREET ADDRESS	15520 N.W. 19TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	3.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, JOE	4.2 NAME	
STREET ADDRESS	485 DUAND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLLOUD, WANDA	5.2 NAME	
STREET ADDRESS	3000 N.W. 191 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33058	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Marvin P. Hinton* **MARVIN P. HINTON** 2-16-98 (30) 654-6450

CR2E037 (10/97)