

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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	Mailing Address
<b>330 SHARAZAD BLVD P O BOX 667 OPA LOCKA FL 33054-3594</b>	<b>330 SHARAZAD BLVD P O BOX 667 OPA LOCKA FL 33054-3594</b>

3. Date Incorporated or Qualified <b>04/17/1968</b>	Applied For Not Applicable
4. FEI Number <b>59-6159269</b>	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>FL</b> 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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>HINTON, MARVIN</b>
STREET ADDRESS	<b>17201 N.W. 51ST PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33055</b>
TITLE	VPT <input type="checkbox"/> DELETE
NAME	<b>BROWN, ED</b>
STREET ADDRESS	<b>15520 N.W. 19TH AVENUE</b>
CITY-ST-ZIP	<b>OPA-LOCKA FL 33054</b>
TITLE	VPT <input type="checkbox"/> DELETE
NAME	<b>MURRAY, CAROL</b>
STREET ADDRESS	<b>15520 N.W. 19TH AVENUE</b>
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>
TITLE	VPT <input type="checkbox"/> DELETE
NAME	<b>KELLEY, JOE</b>
STREET ADDRESS	<b>485 DUAND AVE</b>
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>
TITLE	ST <input type="checkbox"/> DELETE
NAME	<b>MCCLOUD, WANDA</b>
STREET ADDRESS	<b>3000 N.W. 191 ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33058</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)