NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

# FILED
# May 12 1998 8:00am
# Secretary of State

DOCUMENT # 725176 (2)

1. Corporation Name

THE OPA LOCKA CHURCH OF OUR LORD, INC

[redacted]

| Principal Place of Business | Mailing Address |
|---|---|
| 2010 ALI BABA AVE.<br>OPA LOCKA FL 33054 | 2010 ALI BABA AVE.<br>OPA LOCKA FL 33054 |

3. Date Incorporated or Qualified: 01/05/1973

3a. Date of Last Report: 04/27/1995

21 Principal Place of Business

22 Suite, Apt. #, etc.

23 City & State

24 Zip / 25 Country

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip / 30 Country

4. FEI Number: 65-0299724 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOORE, ERNEST
3380 N.W. 205 STREET
CAROL CITY FL 33056

10. Name and Address of New Registered Agent

81 Name

82 [illegible] (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

| | | |
|---|---|---|
| TITLE | SD | ☐ DELETE |
| NAME | HEIDELBURG, WANDA M. | |
| STREET ADDRESS | 2231 NW 196 TERR | |
| CITY-ST-ZIP | CAROL CITY FL | |
| TITLE | TD | ☐ DELETE |
| NAME | MOORE, ERNEST | |
| STREET ADDRESS | 3380 N W 205TH ST | |
| CITY-ST-ZIP | OPA LOCKA FL | |
| TITLE | PD | ☐ DELETE |
| NAME | BROWN, DWELLY | |
| STREET ADDRESS | 1325 NW 172ND TERR | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VD | ☐ DELETE |
| NAME | JONES, JOSEPH | |
| STREET ADDRESS | 1940 NW 52ND TERR | |
| CITY-ST-ZIP | OPA LOCKA FL | |
| TITLE | CD | ☐ DELETE |
| NAME | TUCKER, HENRY L. | |
| STREET ADDRESS | 2010 ALIBABA AVENUE | |
| CITY-ST-ZIP | OPA LOCKA FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS (Attach additional sheet if necessary)

| | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Wanda Heidelburg 4/21/98 305-624-2564 (H) 305-865-7912 (W)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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