# 2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**May 23, 2011**
**Secretary of State**

DOCUMENT# 757835

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

**Current Principal Place of Business:**

490 OPA-LOCKA BOULEVARD, SUITE 20
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

490 OPA-LOCKA BOULEVARD, SUITE 20
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number: 59-2106635** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

WILLIAMS-BALDWIN, STEPHANIE
490 OPA-LOCKA BOULEVARD, SUITE 20
OPA LOCKA, FL 33054 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DT
Name: FUNEUS, FRED
Address: 1320 NW 62ND STREET
City-St-Zip: MIAMI, FL 33142

Title: SD
Name: BROWN, MARY
Address: 2444 NW 135TH ST
City-St-Zip: MIAMI, FL 33167

Title: C
Name: PEMBERTON, DAVE
Address: 1200 S.W. 124TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VC
Name: HOLLOWAY, WILBERT T
Address: 6231 N.W. 201 ST.
City-St-Zip: MIAMI, FL 33055

Title: P
Name: LOGAN, WILLIE
Address: 490 OPA LOCKA BLVD., #20
City-St-Zip: MIAMI, 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 SVP 05/23/2011

Electronic Signature of Signing Officer or Director — Date