

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90160 009 \*\*\*\*70.25

<b>DOCUMENT # N00000008086</b>					
1. Entity Name OPA-LOCKA/NORTH DADE FRONT PORCH COUNCIL, INC.					
Principal Place of Business PO BOX 541575 OPA-LOCKA, FL 33054			Mailing Address PO BOX 541575 OPA-LOCKA, FL 33054		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MINCEY, JUANITA 2527 OPA-LOCKA BLVD. OPA-LOCKA, FL 33054				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HARVARD, ULYSSES	NAME	Mary Alica Brown		
STREET ADDRESS	15800 NW 17TH PLACE	STREET ADDRESS	2444 N.W 135th Street		
CITY-ST-ZIP	MIAMI, FL 33054	CITY-ST-ZIP	Miami, Fl. 33167		
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILLIAMSON, KATHY	NAME	Jannie L. Russell		
STREET ADDRESS	5332 SW 126TH AVENUE	STREET ADDRESS	1210 Peri Street		
CITY-ST-ZIP	HOLLYWOOD, FL 33027	CITY-ST-ZIP	Opa-Locka, Fl. 33054		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILSON, PAULETTE	NAME	Artis Mosley		
STREET ADDRESS	15830 NW 17TH COURT	STREET ADDRESS	2420 N.W. 161st Street		
CITY-ST-ZIP	OPA-LOCKA, FL 33054	CITY-ST-ZIP	Opa-Locka, Fl. 33054		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, PRISCILLA D	NAME			
STREET ADDRESS	2950 NW 164TH TERRACE	STREET ADDRESS			
CITY-ST-ZIP	OPA LOCKA, FL 33054	CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Ulysses Harvard</i>		Date: <i>04/29/04</i>		Daytime Phone #: <i>(305) 769-3044</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					