

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 10, 2007  
Secretary of State**

DOCUMENT# N00000008086

Entity Name: OPA-LOCKA/NORTH DADE FRONT PORCH COUNCIL, INC.

**Current Principal Place of Business:**

200 OPA - LOCKA BLVD.  
ATTN: MARY ALICE BROWN  
OPA-LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

200 OPA LOCKA BLVD.  
ATTN: MARY ALICE BROWN  
OPA-LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 65-1098113      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

COWINS, BILLY  
2204 ALI BABA AVE  
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: PD      ( ) Delete  
Name: BROWN, MARY ALICE  
Address: 2444 NW 135TH STREET  
City-St-Zip: MIAMI, FL 33167

Title: SD      ( ) Delete  
Name: OWENS, PATRICK  
Address: P.O. BOX 510251  
City-St-Zip: MIAMI, FL 33151

Title: TD      ( ) Delete  
Name: MOSLEY, ARTIS  
Address: 2420 N.W. 161ST STREET  
City-St-Zip: OPA-LOCKA, FL 33054

Title: SD      ( ) Delete  
Name: RUSSELL, JANNIE L  
Address: 1210 PERI STREET  
City-St-Zip: OPA-LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY ALICE BROWN

PD

07/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date