

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008086

FILED
Apr 24, 2008
Secretary of State

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:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 65-1098113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: SD (X) Change () Addition
Name: MOSLEY, ARTIS
Address: 2420 N.W. 161ST STREET
City-St-Zip: OPA-LOCKA, FL 33054

Title: TD (X) Change () Addition
Name: BRACY, LINDA
Address: 2105 ALI BABA AVE
City-St-Zip: OPA-LOCKA, FL 33054

Title: SD (X) Change () Addition
Name: RUSSELL, JANNIE L
Address: 3869 NW 125TH ST
City-St-Zip: OPA-LOCKA, FL 33054

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

04/24/2008

Electronic Signature of Signing Officer or Director

Date