

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 18, 2011
Secretary of State**

DOCUMENT# N00000008086

Entity Name: OPA-LOCKA/NORTH DADE FRONT PORCH COUNCIL, INC.**Current Principal Place of Business:**100 OPA - LOCKA BLVD.
ATTN: ULYSSES HARVARD
OPA-LOCKA, FL 33054**New Principal Place of Business:****Current Mailing Address:**100 OPA - LOCKA BLVD.
ATTN: ULYSSES HARVARD
OPA-LOCKA, FL 33054**New Mailing Address:****FEI Number:** 65-1098113**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****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
Name: HARVARD, ULYSSES
Address: 15800 N.W. 17TH PLACE
City-St-Zip: MIAMI GARDENS, FL 33054**Title:** SD
Name: BROWN, MARY ALICE
Address: 2444 NW 135TH STREET
City-St-Zip: OPA-LOCKA, FL 33167**Title:** TD
Name: BRACY, LINDA
Address: 2105 ALI BABA AVE
City-St-Zip: OPA-LOCKA, FL 33054**Title:** SD
Name: COWINS, BILLY C
Address: 1718 NW 153 ST
City-St-Zip: MIAMI GARDENS, 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: BILLY C COWINS

RA

07/18/2011

Electronic Signature of Signing Officer or Director

Date