

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008086

FILED  
Feb 15, 2012  
Secretary of State

**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: RA  
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

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date