

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 AUG -9 AM 11:45

DOCUMENT # N20643 (5)

1. Corporation Name

OPA-LOCKA RESCUE MISSION, INC.

Principal Place of Business

14931 NW 27 AVENUE
P.O. BOX 54-1491
OPA-LOCKA FL 33054

Mailing Address

14931 NW 27 AVENUE
P.O. BOX 54-1491
OPA-LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1987

3a. Date of Last Report

07/12/1994

4. FEI Number

59-2807415

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ **FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TYDUS, ROSE
3741 N.W. 175TH STREET
MIAMI FL 33055**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Rose Tydus

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/3/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **TYDUS, ROSE**
STREET ADDRESS **3741 NW 175TH ST**
CITY- ST- ZIP **MIAMI FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE **VP**
NAME **DARITY, ROXIE**
STREET ADDRESS **17740 NW 14TH PLACE**
CITY- ST- ZIP **MIAMI FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **DAUGHTREY, NEWALL J**
STREET ADDRESS **2331 NW 140TH ST**
CITY- ST- ZIP **OPA LOCKA FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **GARVIN, JOSHUA M**
STREET ADDRESS **1281 NW 87TH ST**
CITY- ST- ZIP **MIAMI FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **WATSON, TOMMY**
STREET ADDRESS **10900 S.W. 280 ST.**
CITY- ST- ZIP **HOMESTEAD FL 33031**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **SUMMERS, JAMES**
STREET ADDRESS **14600 N SPUR DR**
CITY- ST- ZIP **MIAMI FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☒ Change ☐ Addition

**No Longer on Board of
DIRECTORS**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rose Tydus

Rose Tydus - President

8/3/95

(305) 687-4110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/95)