

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/14/1987

3a. Date of Last Report

08/09/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name Rose Tydus

82 Street Address (P.O. Box Number is Not Acceptable)  
14931 N.W. 27 Avenue

83

84 City Opa-locka

FL

85 Zip Code 33054

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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* Rose Tydus

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/96

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE D ☐ DELETE  
NAME WATSON, TOMMY  
STREET ADDRESS 19900 S.W. 260 ST.  
CITY-ST-ZIP HOMESTEAD FL 33031

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition  
22 NAME VP  
23 STREET ADDRESS DARITY, ROXIE  
24 CITY-ST-ZIP 970 N.E. 113 St.  
Biscayne Park, Fla. 33161-6716

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (305) 687-4110

Date

Daytime Phone #

CR2E037 (12/95)