

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

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

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

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** DATE **2/5/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.
TITLE	P <input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYDUS, ROSE	12 NAME
STREET ADDRESS	3741 NW 175TH ST	13 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> DELETE	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARITY, ROXIE	22 NAME
STREET ADDRESS	17740 NW 14TH PLACE	23 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUGHTREY, NEWALL J	32 NAME
STREET ADDRESS	2331 NW 140TH ST	33 STREET ADDRESS
CITY-ST-ZIP	OPA LOCKA FL	34 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVIN, JOSHUA M	42 NAME
STREET ADDRESS	1281 NW 87TH ST	43 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, TOMMY	52 NAME
STREET ADDRESS	19900 S.W. 260 ST.	53 STREET ADDRESS
CITY-ST-ZIP	HOMESTEAD FL 33031	54 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, JAMES	62 NAME
STREET ADDRESS	14600 N SPUR DR	63 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARITY, ROXIE
STREET ADDRESS	970 N.E. 113 St.
CITY-ST-ZIP	Biscayne Park, Fla. 33161-6716
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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** DATE **2/5/96** (305) **687-4110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)