

FILE NOW: FILING FEE IS \$61.25

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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33054-1491
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2. Principal Place of Business 21 14931 NW 27 Avenue		2a. Mailing Address 26 P. O. Box 54-1491		3. Date Incorporated or Qualified 05/14/1987	3a. Date of Last Report 02/09/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2807415	Applied For Not Applicable
City & State 23 Opa-locka, Florida		City & State 28 Opa-locka, Florida		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33054		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 33054		Country 30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TYDUS, ROSE 14931 NW 27 AVENUE OPA-LOCKA FL 33054				10. Name and Address of New Registered Agent	
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 617.1508, 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 _____ DATE **6/6/97**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYDUS, ROSE	1.2 NAME	
STREET ADDRESS	3741 NW 175TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARITY, ROXIE	2.2 NAME	
STREET ADDRESS	970 NE 113 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BISCAYNE PARK FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUGHTREY, NEWALL J	3.2 NAME	
STREET ADDRESS	2331 NW 140TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVIN, JOSHUA M	4.2 NAME	
STREET ADDRESS	1281 NW 87TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, TOMMY	5.2 NAME	
STREET ADDRESS	19900 S.W. 260 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, JAMES	6.2 NAME	
STREET ADDRESS	14600 N SPUR DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** DATE: **6/6/97** (305) 687-4110

CR2E037 (9/96)