

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 16 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N20643 (5)**  
1. Corporation Name  
**OPA-LOCKA RESCUE MISSION, INC.**



|  |   |
|--|---|
| Principal Place of Business<br>14931 NW 27 AVE<br>OPA-LOCKA FL 33054<br>US | Mailing Address<br>P.O. BOX 54-1491<br>OPA-LOCKA FL 33054<br>US |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/14/1987</b>   |  |
| 4. FEI Number<br><b>59-2807415</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country |
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|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br><b>TYDUS, ROSE<br/>14931 NW 27 AVENUE<br/>OPA-LOCKA FL 33054</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

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

14. I 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 **SIGNATURE REQUIRED** Rose Tydus, President **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 1/3/98 **Date** (305) 687-4110 **Daytime Phone # 0024780**

CR2E037 (10/97)