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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N20643

1. Corporation Name  
**OPA-LOCKA RESCUE MISSION, INC.**

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



2. Principal Place of Business 21 2199 Ali-Baba Avenue	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/14/1987
22 City & State Opa-locka, Florida	27 City & State	4. FEI Number 59-2807415
23 Zip 33054	28 Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>TYDUS, ROSE</b> 14931 NW 27 AVENUE OPA-LOCKA FL 33054	10. Name and Address of New Registered Agent 81 Name Rose Tydus 82 Street Address (P.O. Box Number is Not Acceptable) 2199 Ali-Baba Avenue 83 84 City Opa-locka FL 85 Zip Code 33054
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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.  
 Rose Tydus  
 SIGNATURE *Rose Tydus* DATE 1/15/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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, with all other like empowered.

SIGNATURE: *Rose Tydus* DATE 1/15/99 (305) 687-4110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)