

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90121 009 ****70.00

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DOCUMENT # N20643

1. Corporation Name

OPA-LOCKA RESCUE MISSION, INC.

Principal Place of Business

**14931 NW 27 AVE
OPA-LOCKA FL 33054
US**

Mailing Address

**P.O. BOX 54-1491
OPA-LOCKA FL 33054
US**



2. Principal Place of Business

21 2199 Ali-Baba Avenue

Suite, Apt. #, etc.

**23 City & State
Opa-locka, Florida**

**24 Zip
33054**

**25 Country
USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/14/1987

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**

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
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**

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

(NOTE: Registered Agent signature required when reinstating)

1/15/99
DATE

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 **970 NE 113 STREET**
CITY-ST-ZIP **BISCAYNE PARK 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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99
Date

(305) 687-4110
Daytime Phone #

CR2E037 (1/98)