

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48433 (9)
1. Corporation Name
OPA-LOCKA CIVIC CLUB, INCORPORATED



Principal Place of Business Mailing Address
1890 RUTLAND STREET OPA LOCKA FL 33054
1890 RUTLAND STREET OPA LOCKA FL 33054

3. Date Incorporated or Qualified
04/20/1992
4. FEI Number
59-9263045
Applied For
Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BENTLEY, ELAINE COLLINS
1890 RUTLAND STREET
OPA-LOCKA FL 33054

10. Name and Address of New Registered Agent
81 Name
Freeman Collins, Sr.
82 Street Address (P.O. Box Number is Not Acceptable)
1890 Rutland Street
83 City
Opa-Locka, FL
84 City
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 *Freeman Collins*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, JOHN	
STREET ADDRESS	2963 NW 135 ST.	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TATE, AL	
STREET ADDRESS	3241 NW 134 ST.	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, NAMON	
STREET ADDRESS	13290 NW 31 AVE.	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, T.	
STREET ADDRESS	738 NW 66 ST.	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, RAY	
STREET ADDRESS	1861 WASHINGTON AVE.	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DINSON, JAMES	
STREET ADDRESS	14320 NW 21 CT.	
CITY-ST-ZIP	OPA-LOCKA FL 33054	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Collins, Freeman Sr.	
1.3 STREET ADDRESS	1890 Rutland St	
1.4 CITY-ST-ZIP	Opa-Locka, FL 33054	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vincent Black	
2.3 STREET ADDRESS	310 N.W. 206 Terr.	
2.4 CITY-ST-ZIP	Miami, FL 33169	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ollie Kelley	
3.3 STREET ADDRESS	2149 York St	
3.4 CITY-ST-ZIP	Opa-Locka, FL 33054	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Paula Collins	
4.3 STREET ADDRESS	1890 Rutland St.	
4.4 CITY-ST-ZIP	Opa-Locka, FL 33054	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Charlie Neal	
5.3 STREET ADDRESS	2020 York St.	
5.4 CITY-ST-ZIP	Opa-Locka, FL 33054	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Freeman Collins* 4/23/98

CR2E037 (10/97)