


FILE NOW: FILING FEE IS \$61.25

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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
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DOCUMENT # N48433

1. Corporation Name
OPA-LOCKA CIVIC CLUB, INCORPORATED

Principal Place of Business 1890 RUTLAND STREET OPA LOCKA FL 33054	Mailing Address 1890 RUTLAND STREET OPA LOCKA FL 33054
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/20/1992	4. FEI Number 59-9263045 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BENTLEY, ELAINE COLLINS 1890 RUTLAND STREET OPA-LOCKA FL 33054				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, F	1.2 NAME	
STREET ADDRESS	1890 RUTLAND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL 33054	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, V	2.2 NAME	
STREET ADDRESS	310 NW 206 TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, O	3.2 NAME	
STREET ADDRESS	2149 YORK ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL 33054	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, P	4.2 NAME	
STREET ADDRESS	1890 RUTLAND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPALOCKA FL 33054	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, C	5.2 NAME	
STREET ADDRESS	2020 YORK ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL 33054	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINSON, JAMES	6.2 NAME	
STREET ADDRESS	14320 NW 21 CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL 33054	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: *Freeman Collins* **Freeman Collins** 1/28/99 305-681-5661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)