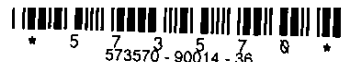


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90031 006 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000151					
1. Corporation Name OPA-LOCKA ROTARY FOUNDATION INC.					
Principal Place of Business 500 NW 165TH STREET ROAD STE 205 MIAMI FL 33169-6304			Mailing Address 500 NW 165TH STREET ROAD STE 205 MIAMI FL 33169-6304		



DOCUMENT 13



2. Principal Place of Business 21 2370 N.W. 174th Terr Suite, Apt. #, etc. 22 OPA-LOCKA, FL City & State 23 Zip Country 24 33056 25 DADE		2a. Mailing Address 26 2370 N.W. 174th Terr Suite, Apt. #, etc. 27 OPA-LOCKA FL City & State 28 Zip Country 29 33056 30 DADE		3. Date Incorporated or Qualified 01/12/1998 4. FEI Number 050812575 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 THOMPkins, RONALD CPA 500 NW 165TH STREET ROAD STE 205 MIAMI FL 33169-6304				10. Name and Address of New Registered Agent 81 Name Rev. Dr. DENNIS M. JACKSON 82 Street Address (P.O. Box Number is Not Acceptable) 2370 N.W. 174th Terr. 83 OPA-LOCKA, FL 33056 84 City FL 85 Zip Code	
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 Rev. Dr. Dennis M. Jackson DATE April 28, 1999 (NOTE: Registered Agent signature required when reinstating)					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE T NAME INGRAM, ROBERT B STREET ADDRESS 500 NW 165TH STREET ROAD CITY-ST-ZIP MIAMI FL 33169-6304	☐ DELETE	1.1 TITLE D 1.2 NAME DOROTHY Ritchie Tucker 1.3 STREET ADDRESS 2370 N.W. 174th Terr 1.4 CITY-ST-ZIP OPA-LOCKA, FL 33056	☐ Change ☒ Addition
TITLE D NAME JACKSON, DENNIS STREET ADDRESS 500 NW 165TH STREET ROAD CITY-ST-ZIP MIAMI FL 33169-6304	☐ DELETE	2.1 TITLE P/D 2.2 NAME Rev. Dr. DENNIS M. JACKSON 2.3 STREET ADDRESS 2370 N.W. 174th Terr. 2.4 CITY-ST-ZIP OPA-LOCKA, FL 33056	☒ Change ☐ Addition
TITLE STD NAME THOMPkins, RONALD CPA STREET ADDRESS 500 NW 165TH STREET ROAD CITY-ST-ZIP MIAMI FL 33169-6304	☒ DELETE	3.1 TITLE D 3.2 NAME MARK Jolly 3.3 STREET ADDRESS 2370 N.W. 174th Terr. 3.4 CITY-ST-ZIP OPA-LOCKA, FL 33056	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE T 4.2 NAME SONNY Wright 4.3 STREET ADDRESS 4600 N.W. 7th AVE 4.4 CITY-ST-ZIP MIAMI, FL 33127	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE T 5.2 NAME DOROTHY DOROTHY 5.3 STREET ADDRESS 2370 N.W. 174th Terr. 5.4 CITY-ST-ZIP MIAMI, FL 33056	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ 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 of this filing, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rev. Dr. Dennis M. Jackson**
 Date **April 28, 1999** (30) **620-7336**
 Daytime Phone #

CR2E037 (1/98)