

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2370 N.W. 174th Terr.		26 2370 N.W. 174th Terr.		01/12/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 OPA-LOCKA, FL.		27 OPA-LOCKA, FL.		650812575	
City & State		City & State		Applied For	
23 33056 Miami-Dade		28 33056 Miami-Dade		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
Country USA		Country USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THOMPkins, RONALD CPA 500 NW 165TH STREET ROAD STE 205 MIAMI FL 33169-6304				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 July 10, 1999					
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					
1.1 TITLE T					
1.2 NAME OBBIE TUCKER					
1.3 STREET ADDRESS 2370 N.W. 174th Terr					
1.4 CITY-ST-ZIP OPA-LOCKA, FL. 33056					
2.1 TITLE COBO					
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					
3.1 TITLE D					
3.2 NAME MARK JOLLY					
3.3 STREET ADDRESS 16200 N.W. 18th AVE					
3.4 CITY-ST-ZIP OPA-LOCKA, FL. 33056					
4.1 TITLE D					
4.2 NAME DAVE REMBERTON					
4.3 STREET ADDRESS 2530 N.W. 156th St.					
4.4 CITY-ST-ZIP Miami, FL. 33054					
5.1 TITLE T					
5.2 NAME SONNY WRIGHT					
5.3 STREET ADDRESS 4600 N.W. 7th AVE					
5.4 CITY-ST-ZIP Miami, FL. 33217					
6.1 TITLE					
6.2 NAME 700002952877SP-8					
6.3 STREET ADDRESS -08/06/99-01070-SP-8					
6.4 CITY-ST-ZIP *****61.25 *****61.25					

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 a power like empowered.

SIGNATURE: Rev. Dr. Dennis M. Jackson DATE 7/10/99 305
Signature and typed or printed name of signing officer or director 620-7336

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