

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000004508

1. Entity Name
COMMUNITY FUND OF NORTH MIAMI-DADE, INC.



Principal Place of Business
C/O OPA-LOCKA CDC
490 OPA-LOCKA BLVD., STE. 20
OPA-LOCKA, FL 33054-3563

Mailing Address
C/O OPA-LOCKA CDC
490 OPA-LOCKA BLVD., STE. 20
OPA-LOCKA, FL 33054-3563



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2025826

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOGAN, WILLIE
C/O OPA-LOCKA CDC
490 OPA-LOCKA BLVD., STE. 20
OPA-LOCKA, FL 33054-3563

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEMBERTON, DAVE
STREET ADDRESS	2520 NW 156 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	V
NAME	LOGAN, WILLIE
STREET ADDRESS	490 OPA LOCKA BLVD #20
CITY-ST-ZIP	OPA LOCKA, FL 330543563
TITLE	S
NAME	MARTINEZ, MANUEL
STREET ADDRESS	490 OPA LOCKA #20
CITY-ST-ZIP	OPA LOCKA, FL 330543563
TITLE	T
NAME	MARTIN, MICHAEL
STREET ADDRESS	6418 NW 82 AVE
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	D
NAME	COWINS, BILL
STREET ADDRESS	2204 ALI BABA AVE
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	D
NAME	BARRY-SMITH, MARCIA
STREET ADDRESS	8201 N UNIVERSITY DR
CITY-ST-ZIP	TAMARAC, FL 333211

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03/31/05-80048-003 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dave Pemberton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 687-3545

Date

Daytime Phone #