## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008086

Entity Name: OPA-LOCKA/NORTH DADE FRONT PORCH COUNCIL, INC.

FILED
Apr 22, 2021
Secretary of State
3170387541CC

## **Current Principal Place of Business:**

16201 N.W. 22 CT.

ATTN: ULYSSES HARVARD MIAMI GARDENS, FL 33054

## **Current Mailing Address:**

P.O. BOX 540122

ATTN: ULYSSES HARVARD OPA-LOCKA, FL 33054 US

FEI Number: 65-1098113 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HARVARD, ULYSSES 16201 N.W. 22 CT. ATTN: ULYSSES HARVARD MIAMI GARDENS, FL 33054 US

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.

SIGNATURE: ULYSSES HARVARD 04/22/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PD Title VF

Name HARVARD, ULYSSES Name WRIGHT, PATRCIA
Address 1693 NW 193 ST Address 1221 N.W. 179 ST.

City-State-Zip: MIAMI GARDENS FL 33169 City-State-Zip: MIAMI GARDENS FL 33169

Title CEO Title RA

Name BATISTA, JOQUETTA Name HARVARD, ULYSSES

Address 871 N.W. 167 ST. Address 16201 N.W. 22 CT.
ATTN: ULYSSES HARVARD

City-State-Zip: MIAMI GARDENS FL 33169 City-State-Zip: MIAMI GARDENS FL 33054

Title EXECUTIVE DIRECTOR

Name LOUIS, GLORIA Address 621 N.W. 198 ST.

City-State-Zip: MIAMI GARDENS FL 33169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ULYSSES HARVARD

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/22/2021