# 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

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

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### Current Principal Place of Business:

100 OPA - LOCKA BLVD. ATTN: ULYSSES HARVARD OPA-LOCKA, FL 33054

#### **Current Mailing Address:**

DOCUMENT# N0000008086

100 OPA - LOCKA BLVD. ATTN: ULYSSES HARVARD OPA-LOCKA, FL 33054

#### FEI Number: 65-1098113

### Name and Address of Current Registered Agent:

COWINS, BILLY 1718 NW 153 ST 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:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	PD	Title	SD
Name	HARVARD, ULYSSES	Name	BROWN, MARY ALICE
Address	1693 NW 193 ST	Address	2444 NW 135TH STREET
City-State-Zip:	MIAMI GARDENS FL 33169	City-State-Zip:	OPA-LOCKA FL 33167
			5.4
Title	TD	Title	RA
Title Name	TD BRACY, LINDA	Title Name	RA COWINS, BILLY C

Certificate of Status Desired: No

04/26/2016

Date

Date