

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008086

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

04/09/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	HARVARD, ULYSSES
Address	1693 NW 193 ST
City-State-Zip:	MIAMI GARDENS FL 33169

Title	VP
Name	WRIGHT, PATRCIA
Address	1221 N.W. 179 ST.
City-State-Zip:	MIAMI GARDENS FL 33169

Title	CEO
Name	BATISTA, JOQUETTA
Address	871 N.W. 167 ST.
City-State-Zip:	MIAMI GARDENS FL 33169

Title	RA
Name	HARVARD, ULYSSES
Address	16201 N.W. 22 CT. ATTN: ULYSSES HARVARD
City-State-Zip:	MIAMI GARDENS FL 33054

Title	TREASURER
Name	BUTLER, CHARLENE M
Address	19201 N.W. 11 AVE.
City-State-Zip:	MIAMI GARDENS FL 33169

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

PRESIDENT

04/09/2018

Electronic Signature of Signing Officer/Director Detail

Date