

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008086

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

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC1076392819**

**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**

**05/01/2017**

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

*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**

**05/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date