

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008086

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

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC1466392742**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 65-1098113**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title SD  
Name BROWN, MARY ALICE  
Address 2444 NW 135TH STREET  
City-State-Zip: OPA-LOCKA FL 33167

Title TD  
Name BRACY, LINDA  
Address 2105 ALI BABA AVE  
City-State-Zip: OPA-LOCKA FL 33054

Title RA  
Name COWINS, BILLY C  
Address 1718 NW 153 ST  
City-State-Zip: MIAMI GARDENS FL 33054

*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**

**05/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date