

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008554

Entity Name: OPA LOCKA UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**630 SHARAR AVENUE
OPA LOCKA, FL 33054**Current Mailing Address:**630 SHARAR AVENUE
OPA LOCKA, FL 33054**FEI Number:** 90-0870984**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROOKINS, JOANN PASTOR
1336 NW 69TH STREET
MIAMI, FL 33147 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	TREASURER
Name	ALLEN, SARAH
Address	600 SHARAR AVENUE
City-State-Zip:	OPA LOCKA FL 33054

Title	VICE CHAIRPERSON-FINANCE COMMITTEE
Name	LEEDS, NORMAN
Address	401 NW 103RD APT#160
City-State-Zip:	PEMBROKE PINES FL 33026

Title	CHAIRPERSON-FINANCE COMMITTEE
Name	SINGLETARY, LATONIA
Address	12841 SW 31ST CT
City-State-Zip:	MIRAMAR FL 33027

Title	FINANCIAL SECRETARY
Name	BROOKS, ERICA
Address	610 NE 139TH STREET
City-State-Zip:	N. MIAMI FL 33161

Title	SPP
Name	BRAITHWAITE, SHARON
Address	3721 NW 169TH TERRACE
City-State-Zip:	MIAMI GARDENS FL 33055

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: SARAH ALLEN**TREASURER****04/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date