

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000004508

Entity Name: COMMUNITY FUND OF NORTH MIAMI-DADE, INC.**Current Principal Place of Business:**490 OPA-LOCKA BLVD., STE. 20
OPA-LOCKA, FL 33054**Current Mailing Address:**490 OPA-LOCKA BLVD., STE. 20
OPA-LOCKA, FL 33054 US**FEI Number:** 41-2025826**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OPA-LOCKA COMMUNITY DEVELOPMENT CORPORATION
490 OPA-LOCKA BLVD., STE. 20
OPA-LOCKA, FL 33054-3563 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:** STEPHANIE WILLIAMS-BALDWIN

01/16/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	LOGAN, WILLIE
Address	490 OPA-LOCKA BLVD., STE. 20
City-State-Zip:	OPA-LOCKA FL 33054-3563

Title	SVP
Name	WILLIAMS-BALDWIN, STEPHENIE
Address	490 OPA-LOCKA BLVD., STE. 20
City-State-Zip:	OPA-LOCKA FL 33054-3563

Title	CHAIRMAN
Name	HOLLOWAY, WILBERT T
Address	490 OPA-LOCKA BLVD., STE. 20
City-State-Zip:	OPA-LOCKA FL 33054

Title	VC
Name	DURHAM, BERNARD
Address	490 OPA-LOCKA BLVD., STE. 20
City-State-Zip:	OPA-LOCKA FL 33054

Title	SECRETARY
Name	ALICE-BROWN, MARY
Address	490 OPA-LOCKA BLVD., STE. 20
City-State-Zip:	OPA-LOCKA FL 33054

Title	TREASURER
Name	COWINS, BILL
Address	490 OPA-LOCKA BLVD., STE. 20
City-State-Zip:	OPA-LOCKA 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHENIE WILLIAMS-BALDWIN

SVP

01/16/2015

Electronic Signature of Signing Officer/Director Detail

Date