

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49294

FILED
May 22, 2007
Secretary of State

Entity Name: JAMAICANS OF THE PALM BEACHES, INC

Current Principal Place of Business:

408 17TH STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

408 17TH STREET
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0348218 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KENTON, HOPETON
4200 LATONA AVE.
W. PALM BEACH, FL 33407 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BODDEN, MARCIA
Address: 1601 40TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: V () Delete
Name: CLARK, MICHAEL
Address: 1508 10TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: S () Delete
Name: THOMPSON, LAVITA
Address: 2080 GREENVIEW SHORES BLVD
City-St-Zip: WELLINGTON, FL 33414

Title: T () Delete
Name: MARCH, ANN-MARIE
Address: 4629 WADITAKA WAY
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANN MARIE MARCH

T

05/22/2007

Electronic Signature of Signing Officer or Director

Date