

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90029 032 ****70.00

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1. Entity Name
JAMAICA OUTREACH PROGRAM, INC.



Principal Place of Business
**625 111TH AVENUE NORTH
NAPLES, FL 34108**

Mailing Address
**POST OFFICE BOX 110581
NAPLES, FL 34108-1929**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-8041251

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**R&A AGENTS, INC.
850 PARK SHORE DRIVE
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GAGNIER, JOSEPH ☐ Delete
STREET ADDRESS 1213 IMPERIAL DR
CITY-ST-ZIP NAPLES, FL 34110

TITLE STD
NAME STARNANT, JEANNE ☐ Delete
STREET ADDRESS 2223 IMPERIAL GOLF COURSE BLVD
CITY-ST-ZIP NAPLES, FL 34110

TITLE D
NAME ELBERFELD, JULIUS ☐ Delete
STREET ADDRESS 598 BEACHWALK CIR #201
CITY-ST-ZIP NAPLES, FL 34110

TITLE D
NAME GLACKIN, THOMAS ☐ Delete
STREET ADDRESS 10631 REGENT CIR
CITY-ST-ZIP NAPLES, FL 34110

TITLE D
NAME OCONNELL, WILLIAM ☐ Delete
STREET ADDRESS 8315 EXCALIBUR CIR P-11
CITY-ST-ZIP NAPLES, FL 34110

TITLE D
NAME OUTRICH, JOHN ☐ Delete
STREET ADDRESS 5115 CEDAR SPRINGS DR #3101
CITY-ST-ZIP NAPLES, FL 34110

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

~~V. B. D. PATRICK BLEWETT~~ ☐ Change ☒ Addition
NAME PATRICK BLEWETT
STREET ADDRESS 6265 HIGHCROFT DR
CITY-ST-ZIP NAPLES, FL 34119

~~STAMANT~~ ☒ Change ☐ Addition
NAME STAMANT
STREET ADDRESS
CITY-ST-ZIP

~~C. M. KERN~~ ☐ Change ☒ Addition
NAME ALBERT M KERN
STREET ADDRESS 3411 ARLETTE DR
CITY-ST-ZIP NAPLES, FL 34109

~~V. B. D. PATRICK GRIFFIN~~ ☐ Change ☒ Addition
NAME PATRICK GRIFFIN
STREET ADDRESS 295 GRANDE WAY # 1101
CITY-ST-ZIP NAPLES, FL 34110

~~NICHOLAS PAVER~~ ☐ Change ☒ Addition
NAME NICHOLAS PAVER
STREET ADDRESS 25161 SANDPIPER GREENS Ct # 201
CITY-ST-ZIP BONITA SPRINGS, FL 34134

~~RICHARD VANBUSKIRK~~ ☐ Change ☒ Addition
NAME RICHARD VANBUSKIRK
STREET ADDRESS 10511 SEVILLA DR # 201
CITY-ST-ZIP FT. MYERS FL 33913

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeane Starnant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08

239 514 0290

Date

Daytime Phone #