

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011124

Entity Name: JAMAICA OUTREACH PROGRAM, INC.

Current Principal Place of Business:

625 111TH AVENUE NORTH
NAPLES, FL 34108

Current Mailing Address:

POST OFFICE BOX 110581
NAPLES, FL 34108

FEI Number: 20-8041251

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 STD
Name STAMANT, JEANNE
Address 13131 CASTLE HARBOUR DR
APT M10
City-State-Zip: NAPLES FL 34110

Title DIRECTOR
Name KERNS, ALBERT
Address 3540 SANDALWOOD CR # 1324
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name CONNOR, PAUL
Address 867 MORNINGVIEW AVE
City-State-Zip: AKRON OH 44305

Title PD
Name SHAWCROSS, RAYMOND
Address 28674 SAN LUCAS LN
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name MEYERSON, JEFFREY
Address 1616 WINDSWEPT AVE.
City-State-Zip: NAPLES FL 34109

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: JEANNE STAMANT

**SECRETARY &
TREASURER**

04/08/2019

Electronic Signature of Signing Officer/Director Detail

Date