

2015 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:

R&A AGENTS, INC.
850 PARK SHORE DRIVE
NAPLES, FL 34103 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 PD
Name GAGNIER, JOSEPH
Address 1213 IMPERIAL DR
City-State-Zip: NAPLES FL 34110

Title STD
Name STAMANT, JEANNE
Address 2015 IMPERIAL GOLF COURSE BLVD
City-State-Zip: NAPLES FL 34110

Title VD
Name PLANTE, ROGER
Address 10254 COBBLE HILL RD
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name MADOR, MARTHA
Address 26306 COLONY RD
City-State-Zip: BONITA SPRINGS FL 34135

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

Title DIRECTOR
Name VANLIEGH, DONALD
Address 10252 COBBLE HILL RD
City-State-Zip: BONITA SPRINGS FL 34135

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**

03/20/2015

Electronic Signature of Signing Officer/Director Detail

Date