2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011124

Entity Name: JAMAICA OUTREACH PROGRAM, INC.

FILED Mar 14, 2018 **Secretary of State** CC1550235627

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 Title STD

GAGNIER, JOSEPH STAMANT, JEANNE Name Name

Address 1213 IMPERIAL DR Address 13131 CASTLE HARBOUR DR

APT M10

DIRECTOR

CONNOR, PAUL

SHAWCROSS, RAYMOND

NAPLES FL 34110 City-State-Zip: City-State-Zip: NAPLES FL 34110

Title VD

Title DIRECTOR PLANTE, ROGER Name

Address 10254 COBBLE HILL RD 28674 SAN LUCAS LN

Address BONITA SPRINGS FL 34135 City-State-Zip:

City-State-Zip: BONITA SPRINGS FL 34135

Name

Title

Name

Title **DIRECTOR**

KERNS, ALBERT Name Name MEYERSON, JEFFREY Address 3411 ARLETTE DR Address 1616 WINDSWEPT AVE. NAPLES FL 34109 City-State-Zip:

City-State-Zip: NAPLES FL 34109

Title DIRECTOR Title DIRECTOR ROY, JOHN D Name

649 109TH AVE N Address Address 867 MORNINGVIEW AVE

NAPLES FL 34108 City-State-Zip: City-State-Zip: AKRON OH 44305

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

03/14/2018