

2017 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	KERNS, ALBERT
Address	3411 ARLETTE DR
City-State-Zip:	NAPLES FL 34109

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**TREASURER &
SECRETARY****02/18/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date