2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009853

Entity Name: JAMAICAN WOMEN OF FLORIDA, INC.

FILED
May 01, 2019
Secretary of State
8899684792CC

Current Principal Place of Business:

2335 E ATLANTIC BLVD

406

POMPANO BEACH, FL 33062

Current Mailing Address:

P.O. BOX 551677

FT LAUDERDALE, FL 33355 US

FEI Number: 46-1231798 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CREARY, HILARY A ESQ 2335 E ATLANTIC BLVD 406

POMPANO BEACH, FL 33062 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: HILARY A CREARY 05/01/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title V

NameMINTO, JUNENameMARR, ARLENEAddressP.O. BOX 551677AddressP.O. BOX 551677

City-State-Zip: FT LAUDERDALE FL 33355 City-State-Zip: FT LAUDERDALE FL 33355

Title SECRETARY Title T

Name KELLY-HOILETT, WIHEL DOROTHENE Name SKEES, DONNA
Address P.O. BOX 551677 Address P.O. BOX 551677

City-State-Zip: FT LAUDERDALE FL 33355 City-State-Zip: FT LAUDERDALE FL 33355

Title DIRECTOR Title DIRECTOR

Name CALLENDER, DONNA Name FRANCIS, SASHA ESQ.

Address P.O. BOX 551677 Address P.O. BOX 551677

City-State-Zip: FT LAUDERDALE FL 33355 City-State-Zip: FT LAUDERDALE FL 33355

Title DIRECTOR

Name BLAIR, SOPHIA ESQ.
Address P.O BOX 551677

City-State-Zip: FT LAUDERDALE FL 33355

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: DONNA SKEES TREASURER 05/01/2019