

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009853

Entity Name: JAMAICAN WOMEN OF FLORIDA, INC.

Current Principal Place of Business:

10780 NW 16TH COURT
PLANTATION, FL 33322

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:

DICKENSON, DEBBIE ESQ
10780 NW 16TH COURT
PLANTATION, FL 33322 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: DEBBIE DICKENSON

04/13/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RAINFORD, AISHA
Address P.O. BOX 551677
City-State-Zip: FT LAUDERDALE FL 33355

Title SECRETARY
Name HASTINGS, NOYA
Address P.O. BOX 551677
City-State-Zip: FT LAUDERDALE FL 33355

Title T
Name FOSTER, PAULINE
Address P.O. BOX 551677
City-State-Zip: FT LAUDERDALE FL 33355

Title DIRECTOR
Name MUIR, CAREN
Address P.O. BOX 551677
City-State-Zip: FT LAUDERDALE FL 33355

Title DIRECTOR
Name WRIGHT, NATASHA
Address P.O. BOX 551677
City-State-Zip: FT LAUDERDALE FL 33355

Title DIRECTOR
Name DICKENSON, DEBBIE ESQ
Address P.O. BOX 551677
City-State-Zip: FT LAUDERDALE FL 33355

Title VP
Name WILLIAMSON, MICHELLE
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: DEBBIE DICKENSON

DIRECTOR

04/13/2024

Electronic Signature of Signing Officer/Director Detail

Date