

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009853

Entity Name: JAMAICAN WOMEN OF FLORIDA, INC.

Current Principal Place of Business:

470 NW 78TH TERRACE
PLANTATION, FL 33324

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:

CLARKE, ANN-MARIE ESQ
470 NW 78TH TERRACE
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: ANN-MARIE CLARKE

04/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LEWIS-MARR, ARLENE
Address P.O. BOX 551677
City-State-Zip: FT LAUDERDALE FL 33355

Title V
Name HILL-GREY, KEISHA DR.
Address P.O. BOX 551677
City-State-Zip: FT LAUDERDALE FL 33355

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

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

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

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

Title DIRECTOR
Name BLAKE, MONIQUE DR.
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: JUDITH CUNNINGHAM

TREASURER

04/07/2020

Electronic Signature of Signing Officer/Director Detail

Date