

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49294

Entity Name: JAMAICANS OF THE PALM BEACHES, INC**Current Principal Place of Business:**408 17TH STREET
WEST PALM BEACH, FL 33407**Current Mailing Address:**408 17TH STREET
WEST PALM BEACH, FL 33407**FEI Number:** 65-0348218**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARCH, ANN MARIE PMRS
4629 WADITA-KA WAY
W. PALM BEACH, FL 33417 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	P
Name	YAPP, CEDRIC
Address	408 17TH STREET
City-State-Zip:	WEST PALM BEACH FL 33407

Title	TREASURER
Name	MARCH, ANN MARIE P DR.
Address	4629 WADITA KAWAY
City-State-Zip:	WEST PALM BEACH FL 33417

Title	PR
Name	DAMIAN, BODDEN
Address	1219 LUCAYA DR.
City-State-Zip:	RIVIERA BEACH FL 33407

Title	PR
Name	CAMILE, BUNCHE
Address	607 25TH STREET
City-State-Zip:	WEST PALM BEACH FL 33497

Title	PR
Name	MARCH, CALVERT L
Address	4629 WADITA KAWAY
City-State-Zip:	WEST PALM BEACH FL 33417

Title	PUBLIC RELATIONS
Name	CLARKE, DELCIE
Address	408 17TH STREET
City-State-Zip:	WEST PALM BEACH FL 33407

Title	SECRETARY
Name	CAMPBELL, PATRICIA
Address	1743 SHORESITE CIRCLE
City-State-Zip:	WELLINGTON FL 33414

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: ANN MARIE MARCH**TREASURER****03/06/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date