

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49294

**Entity Name:** JAMAICANS OF THE PALM BEACHES, INC.**Current Principal Place of Business:**3953 SAN ANSELMO DR  
C  
LAKE WORTH BEACH, FL 33467**Current Mailing Address:**3953 SAN ANSELMO DR  
C  
LAKE WORTH BEACH, FL 33467 US**FEI Number:** 65-0348218**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENTON, HOPETON  
3953 SAN ANSELMO DR  
C  
LAKE WORTH BEACH, FL 33467 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 CAMPBELL, PATRICIA  
Address 1743 SHORESIDE CIRCLE  
City-State-Zip: WELLINGTON FL 33414Title PR  
Name CAMILE, BUNCHE  
Address 607 25TH STREET  
City-State-Zip: WEST PALM BEACH FL 33497Title PR  
Name CLARKE, DELCIE  
Address 9088 REED DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410Title VP  
Name NOLAN, ANNE MARIE  
Address 408 17TH STREET  
City-State-Zip: WEST PALM BEACH FL 33407Title PR  
Name HOPETON, KENTON  
Address 3953 SAN ANSELMO DRIVE  
C  
City-State-Zip: LAKE WORTH FL 33467Title PR  
Name MARCH, CALVERT L  
Address 4629 WADITA KAWAY  
City-State-Zip: WEST PALM BEACH FL 33417Title SECRETARY  
Name CAMPBELL, PATRICIA  
Address 1743 SHORESIDE CIRCLE  
City-State-Zip: WELLINGTON FL 33414Title PR  
Name BODDEN, MARCIA  
Address 1601 40TH STREET  
City-State-Zip: WEST PALM BEACH FL 33407**Continues on page 2**

*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:** HOPETON KENTON

MR

03/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title S  
Name BROWN, SHEILA  
Address 3155 EL CAMINO REAL  
City-State-Zip: WEST PALM BEACH FL 33409

Title T  
Name KENTON, HOPETON  
Address 3958 SAN ANSELMO DRIVE, APT. C  
City-State-Zip: LAKE WORTH FL 33467