

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90008 016 ****61.25

DOCUMENT # 767703

1. Entity Name

OPERATION ASSISTANCE (JAMAICA), INC.



Principal Place of Business

% FABIAN S. LOTHIAN
4020 58TH AVENUE N
ST. PETERSBURG FL 33714

Mailing Address

% FABIAN S. LOTHIAN
4020 58TH AVENUE N
ST. PETERSBURG FL 33714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2336890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOTHIAN, FABIAN S.
4020 58TH AVENUE N
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LOTHIAN, FABIAN S.
STREET ADDRESS 4020 58TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VSD ☐ Delete
NAME SCOTT, JASPER A
STREET ADDRESS 3242 SAN PEDRO STREET
CITY-ST-ZIP CLEARWATER FL 33759

TITLE D ☐ Delete
NAME CAMPBELL, CONRAD C
STREET ADDRESS 909 LAKE SAPPHIRE LANE
CITY-ST-ZIP LUTZ FL 33549

TITLE TD ☐ Delete
NAME LOTHIAN, ESMINE A.
STREET ADDRESS 4020 58TH AVE. N
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fabian S. Lothian* - Fabian S. Lothian 2/14/06 (727) 522-3491