

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90111 037 ****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 - No P.O. Box #

9050 Blind Pass Road
Suite # 10

3. Mailing Address

9050 Blind Pass Road
Suite # 10

1st MOORE

CR2E037 (10/06)

City & State

St. Pete Beach, FL

City & State

St. Pete Beach, FL

4. FEI Number

59-2336890

Applied For

Not Applicable

Zip

33706

Country

Pinellas

Zip

33706

Country

Pinellas

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

9050 Blind Pass Rd
#10
St. Pete Beach,
FL 33706

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

Fabian S. Lothian, Fabian S. Lothian, President

1/31/07

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, 2007

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	<input checked="" type="checkbox"/> Delete
NAME	LOTHIAN, FABIAN S.	
STREET ADDRESS	4020 58TH AVE. N.	
CITY - ST - ZIP	ST. PETERSBURG FL	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	SCOTT, JASPER A	
STREET ADDRESS	3242 SAN PEDRO STREET	
CITY - ST - ZIP	CLEARWATER FL 33759	

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, CONRAD C	
STREET ADDRESS	909 LAKE SAPPHIRE LANE	
CITY - ST - ZIP	LUTZ FL 33549	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOTHIAN, ESMINE A.	
STREET ADDRESS	4020 58TH AVE. N.	
CITY - ST - ZIP	ST. PETERSBURG FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lothian, Fabian S.	
STREET ADDRESS	9050 Blind Pass Road #10	
CITY - ST - ZIP	St. Pete Beach, FL 33706	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lothian, Esmin A.	
STREET ADDRESS	9050 Blind Pass Road #10	
CITY - ST - ZIP	St. Pete Beach, FL 33706	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/31/07