2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# 767703

Entity Name: OPERATION ASSISTANCE (JAMAICA), INC.

Current Principal Place of Business:

9050 BLIND PASS ROAD
SUITE 10
ST. PETE BCH, FL 33706

New Principal Place of Business:

Current Mailing Address:

9050 BLIND PASS ROAD
SUITE 10
ST. PETE BCH, FL 33706

New Mailing Address:

FEI Number: 59-2336890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOTHIAN, FABIAN S.
9050 BLIND PASS ROAD
SUITE 10
ST. PETE BCH, FL 33706 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LOTHIAN, FABIAN S.,	
Address:	9050 BLIND PASS ROAD #10	
City-St-Zip:	ST. PETE BCH, FL 33706	
Title:	VSD	( ) Delete
Name:	SCOTT, JASPER A	
Address:	3242 SAN PEDRO STREET	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	D	( ) Delete
Name:	CAMPBELL, CONRAD C	
Address:	909 LAKE SAPPHIRE LANE	
City-St-Zip:	LUTZ, FL 33549	
Title:	TD	( ) Delete
Name:	LOTHIAN, ESMINE A.	
Address:	9050 BLIND PASS ROAD #10	
City-St-Zip:	ST. PETE BCH, FL 33706	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FABIAN S. LOTHIAN PD 03/12/2009
Electronic Signature of Signing Officer or Director — Date