

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000530

FILED
Apr 27, 2004
Secretary of State**Entity Name:** HUGH JAMEISON FOUNDATION, INC.**Current Principal Place of Business:**3461 CLUSTER ROAD
PEMBROKE PINES, FL 33025**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 848673
PEMBROKE PINES, FL 33084**New Mailing Address:**P.O. BOX 245605
PEMBROKE PINES, FL 33024**FEI Number:** 65-0975978**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FRANCIS, SHARI
3461 CLUSTER ROAD
MIRAMAR, FL 33025**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: JAMEISON, EULETT
Address: 9411 NW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: JAMIESON, DAVID
Address: 16630 SW 62ND AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: SD () Delete
Name: STEWARTSON, JOSCELYN
Address: 15629 SW 16TH COURT
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DVP () Delete
Name: FRANCIS, SHARI
Address: 3461 CLUSTER ROAD
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: OSBORNE, HUGH
Address: 12507 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: MCGOWAN, VANDELIN
Address: 1430 SW 87TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

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
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Title: () Change () Addition
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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 for the exemption stated in Section 119.07(3)(i), 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: SHARI FRANCIS

DVP

04/27/2004

Electronic Signature of Signing Officer or Director

Date

ANDLEY JAMIESON, TD
15125 TEMPLE BLVD
LOXAHATCHEE, FL 33470