

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01415

FILED
May 22, 2008
Secretary of State

Entity Name: JAMAICAN ON THE GULF ASSOCIATION, INC.

Current Principal Place of Business:

11660 GULF BLVD
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

11660 GULF BLVD
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-2433814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAJOIE, CLAUDE
441 TRINIDAD LN,
LARGO, FL 33770 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: DVP () Delete
Name: POLZIN, DELMAR,
Address: 4238 MILL RIDGE CIRCLE
City-St-Zip: EAU CLAIRE, WI 54703

Title: DP () Delete
Name: CAMBURN, DAVID,
Address: 2265 SPRING FLOWER DRIVE
City-St-Zip: CLEARWATER, FL 33763

Title: STD () Delete
Name: LAJOIE, CLAUDE,
Address: 441 TRINIDAD LANE
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: BURROWS, TOM
Address: 9456 FONOT VIEW CIR
City-St-Zip: GRAND BLANC, MI 48439

Title: D () Delete
Name: GUNNAR, DAHL
Address: 501 SAYBROOK DR
City-St-Zip: RICHMOND, VA 23236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: CAMBURN, DAVID,
Address: 2265 SPRING FLOWER DRIVE
City-St-Zip: CLEARWATER, FL 34623

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

Title: D (X) Change () Addition
Name: BURROWS, TOM
Address: 9456 FONOT VIEW CIR
City-St-Zip: GRAND BLANC, MI 49098

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: ROBBIE LAVELLE

MGR

05/22/2008

Electronic Signature of Signing Officer or Director

Date