



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000005544 1. Entity Name JAMAICAN AMERICAN FOUNDATION, INC						FILED 04 MAY 26 PM 1:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business POST OFFICE BOX 490922 FORT LAUDERDALE, FL 33349-0922				Mailing Address POST OFFICE BOX 490922 FORT LAUDERDALE, FL 33349-0922			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 470925753				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HAMMOND, ERIC J 731 NW 48 AVENUE PLANTATION, FL 33317				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, ERIC 731 NW 48 AVENUE PLANTATION, FL 33317			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, HAZEL 2769 NW 36 AVENUE LAUDERDALE LAKES, FL 33311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS HAZELLE 2769 NW 36 Ave Lauderdale Lakes FL-33311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALESMAN, FITZROY 3501 NASSAU DRIVE MIRAMAR, FL 33023			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSAY, DEXTON 1210 SW 46 WAY DEERFIELD BEACH, FL 33442			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JOY 4325 W SUNRISE BLVD. PLANTATION, FL 33313			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Hazelle Rogers</i>				5/21/04 (954) 485-6356			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							