

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005544

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** JAMAICAN AMERICAN FOUNDATION, INC

**Current Principal Place of Business:**

931 NW 97 AVENUE  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

931 NW 97 AVENUE  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 47-0925753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMMOND, ERIC J  
931 NW 97 AVENUE  
PLANTATION, FL 33324 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: D  
Name: HAMMOND, CLAUDETTE  
Address: 931 NW 97 AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: D  
Name: HAMMOND, ERIC  
Address: 931 NW 97 AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: D  
Name: RUSSELL, BARRINGTON SR  
Address: 4510 INVERRARY BLVD  
City-St-Zip: LAUDERHILL, FL 33319

Title: D  
Name: CHIN, ONEIL  
Address: 4857 NW 7 COURT  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: DUNCAN, DELORES  
Address: 1831 NW 63 AVENUE  
City-St-Zip: SUNRISE, FL 33313

Title: D  
Name: FARQUHARSON, STEPHEN  
Address: 7334 NW 5 STREET  
City-St-Zip: PLANTATION, FL 33317

I hereby 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 all other like empowered.

SIGNATURE: ERIC HAMMOND

D

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date