FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03503 (2)

1. Corporation Name
THE JAMAICA NURSE'S ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 660254 MIAMI FL 33269	P.O. BOX 660254 MIAMI FL 33269

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1984
3a. Date of Last Report: 12/12/1994
4. FEI Number: 59-2424021 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status call ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JARRETT, ROYLAND
C/O JAMAICA NURSES' ASSOC. OF FLA. INC.
18501 N.W. 7TH AVENUE
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	AD ☑ Change ☐ Addition
NAME	MONTEITH, BEVERLY	1.2 NAME	GORDON VASHTI
STREET ADDRESS	1431 N.W. 207 ST.	1.3 STREET ADDRESS	378 N.E 171 Terrace
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	MIAMI FL. 33162
TITLE	VPD	2.1 TITLE	VPD. ☑ Change ☐ Addition
NAME	NICHOLAS-GRANT, BEVERLY	2.2 NAME	JARRETT Jean
STREET ADDRESS	30 N.W. 92 ST.	2.3 STREET ADDRESS	1940 N.W. 195 Street
CITY-ST-ZIP	MIAMI SHORES FL 33138	2.4 CITY-ST-ZIP	MIAMI FL 33056
TITLE	SD	3.1 TITLE	SD ☑ Change ☐ Addition
NAME	HARDING, CONSTANCE	3.2 NAME	WALKER, Lucibell T.
STREET ADDRESS	915 N.W. 199 ST.	3.3 STREET ADDRESS	5807 S.W. 112 Way
CITY-ST-ZIP	MIAMI FL 33169	3.4 CITY-ST-ZIP	Cooper City FL 33330
TITLE	TD	4.1 TITLE	TD. ☑ Change ☐ Addition
NAME	FARQUHARSON, RALPH	4.2 NAME	HARDING Constance B.
STREET ADDRESS	17032 N.W. 9TH COURT	4.3 STREET ADDRESS	10101 S.W 9th Lane
CITY-ST-ZIP	MIAMI FL 33169	4.4 CITY-ST-ZIP	Pembroke Pines FL 33025
TITLE	ATD	5.1 TITLE	ATA. ☑ Change ☐ Addition
NAME	RAYMORE, MARJORIE	5.2 NAME	ELLIS, Hyacinth
STREET ADDRESS	1440 S.W. 87 WAY	5.3 STREET ADDRESS	2721 NW. 179 St
CITY-ST-ZIP	PEMBROKE PINES FL 33025	5.4 CITY-ST-ZIP	MIAMI FL 33056
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, MONICA J	6.2 NAME	
STREET ADDRESS	8021 N.W. 78 ST. APT. 220	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Constance B Harding Constance B HARDING (Treasurer) 4/3/95 (A378506)

SIGNATURE: Royland D. Jarrett 04/03/95 (305) 940-5790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Resident Agent