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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N03503** (2)

1. Corporation Name

THE JAMAICA NURSE'S ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

P.O. BOX 693254
MIAMI FL 33269

Mailing Address

P.O. BOX 693254
MIAMI FL 33269

3. Date Incorporated or Qualified
06/07/1984

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VASHTI, GORDON
STREET ADDRESS 378 NE 171 TERR
CITY-STATE-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VPD
NAME JEAN, JARRETT
STREET ADDRESS 1940 NW 195 ST
CITY-STATE-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE SD
NAME WALKER, LUCIBELL T.
STREET ADDRESS 5807 SW 112 WAY
CITY-STATE-ZIP COOPER CITY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE TD
NAME HARDING, CONSTANCE B.
STREET ADDRESS 10101 SW 9TH LANE
CITY-STATE-ZIP PEMBROKE PINES FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ATD
NAME ELLIS, HYACINTH
STREET ADDRESS 2721 NW 179 ST
CITY-STATE-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE D
NAME LEWIS, MONICA J
STREET ADDRESS 8921 N.W. 78 ST. APT. 229
CITY-STATE-ZIP TAMARAC FL 33321

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROYLAND D. JARRETT

01/27/96 (303) 919-5790

Date

Daytime Phone #

CR2E037 (12/95)