
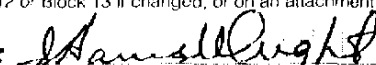


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33269-0254	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/07/1984		3a. Date of Last Report 02/02/1996	
4. FEI Number 59-2424021		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 33189		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	VASHTI, GORDON		
STREET ADDRESS	378 NE 171 TERR		
CITY-ST-ZIP	MIAMI FL		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	
NAME	PATRICK, LORNETTE D.		
STREET ADDRESS	15500 SW 106 AVENUE		
CITY-ST-ZIP	MIAMI FL		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	
NAME	WALKER, LUCIBELL T.		
STREET ADDRESS	5807 SW 112 WAY		
CITY-ST-ZIP	COOPER CITY FL		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	
NAME	HARDING, CONSTANCE B.		
STREET ADDRESS	10101 SW 9TH LANE		
CITY-ST-ZIP	PEMBROKE PINES FL		
TITLE	ATD	<input checked="" type="checkbox"/> DELETE	
NAME	ELLIS, HYACINTH		
STREET ADDRESS	2721 NW 179 ST		
CITY-ST-ZIP	MIAMI FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	LEWIS, MONICA J		
STREET ADDRESS	8921 N.W. 78 ST. APT. 229		
CITY-ST-ZIP	TAMARAC FL 33321		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Harris-Wright, Joyce		
1.3 STREET ADDRESS	6312 N.W. 199 Terr.		
1.4 CITY-ST-ZIP	Miami, FL 33015		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Raymore, Marjorie		
2.3 STREET ADDRESS	1440 S.W. 87 Way		
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33025		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	Stewart, Althea		
3.3 STREET ADDRESS	18610 N.W. 9 Ave		
3.4 CITY-ST-ZIP	Miami, FL 33169		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	Wallace, Molly		
4.3 STREET ADDRESS	2480 N.W. 108 Street		
4.4 CITY-ST-ZIP	Miami, FL 33167		
5.1 TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	Reynolds, Daphnie		
5.3 STREET ADDRESS	9700 W. Elm Drive		
5.4 CITY-ST-ZIP	Miramar, FL 33025		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	Gordon, vashti		
6.3 STREET ADDRESS	919 Savannah Falls drive		
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 3327		
14. I do 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 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			

CR2E037 (9/96)