


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03503 (2)
 1. Corporation Name
THE JAMAICA NURSE'S ASSOCIATION OF FLORIDA, INC.



Principal Place of Business	Mailing Address
P.O. BOX 693254 MIAMI FL 33269	P.O. BOX 693254 MIAMI FL 33269

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

3. Date Incorporated or Qualified	06/07/1984
4. FEI Number	59-2424021
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS-WRIGHT, JOYCE	
STREET ADDRESS	6312 N.W. 199 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAYMORE, MARGORIE	
STREET ADDRESS	1440 S.W. 87 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEWART, ALTHEA	
STREET ADDRESS	18610 N.W. 9 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALLACE, MOLLY	
STREET ADDRESS	2480 N.W. 108 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	REYNOLDS, DAPHNE	
STREET ADDRESS	9700 W. ELM DRIVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDON, VASHTI	
STREET ADDRESS	919 SAVANNAH FALLS DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Althea Stewart	
1.3 STREET ADDRESS	18610 NW 9th Ave	
1.4 CITY-ST-ZIP	Miami, Florida 33169	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Parchment, Yvonne ARNP	
2.3 STREET ADDRESS	12871 SW 149 Street	
2.4 CITY-ST-ZIP	Miami, Florida 33186	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Penso, Hyacinth	
3.3 STREET ADDRESS	15250 NE 9 Ave	
3.4 CITY-ST-ZIP	N. Miami, Florida 33162	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wallace, Molly	
4.3 STREET ADDRESS	2838 SW 177 Ave	
4.4 CITY-ST-ZIP	Miramar, Florida 33029	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Romans, Olga	
5.3 STREET ADDRESS	870 NW 172nd Ter	
5.4 CITY-ST-ZIP	Miami, Florida 33169	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

Molly Wallace 4/9/98 954 435-2366

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