

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90010 033 ****61.25

DOCUMENT # N03503

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

6 8 7 9 8 3
607980 - 90010 - 33



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/07/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2424021

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

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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 HARRIS-WRIGHT, JOYCE
STREET ADDRESS 6312 N.W. 199 TERR.
CITY-ST-ZIP MIAMI FL ☒ DELETE

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME STEWART, ALTHEA
1.3 STREET ADDRESS 18610 N.W. 9 Ave.
1.4 CITY-ST-ZIP Miami, FL

TITLE VD
NAME RAYMORE, MARGORIE
STREET ADDRESS 1440 S.W. 87 WAY
CITY-ST-ZIP PEMBROKE PINES FL ☒ DELETE

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME PATRICK, LORNETTE
2.3 STREET ADDRESS 15500 S.W. 106 Ave.
2.4 CITY-ST-ZIP Miami, FL 33157

TITLE SD
NAME STEWART, ALTHEA
STREET ADDRESS 18610 N.W. 9 AVE.
CITY-ST-ZIP MIAMI FL ☒ DELETE

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Penso, Hyacinth
3.3 STREET ADDRESS 15250 N.E. 9 Ave.
3.4 CITY-ST-ZIP North Miami, FL 33162

TITLE TD
NAME WALLACE, MOLLY
STREET ADDRESS 2480 N.W. 108 ST.
CITY-ST-ZIP MIAMI FL ☒ DELETE

4.1 TITLE ATD ☒ Change ☐ Addition
4.2 NAME HUMES, ESTHER
4.3 STREET ADDRESS 3550 N.W. 181 St.
4.4 CITY-ST-ZIP Miami, FL 33056

TITLE ATD
NAME REYNOLDS, DAPHNE
STREET ADDRESS 9700 W. ELM DRIVE
CITY-ST-ZIP MIRAMAR FL ☒ DELETE

5.1 TITLE TD ☒ Change ☐ Addition
5.2 NAME FINDLAY, MAROLYN
5.3 STREET ADDRESS 16226 S.W. 7 St.
5.4 CITY-ST-ZIP Pen. Pines, FL 33027

TITLE D
NAME GORDON, VASHTI
STREET ADDRESS 919 SAVANNAH FALLS DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL ☒ DELETE

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME ROMANS, OLGA
6.3 STREET ADDRESS 870 NW 172 Terr.
6.4 CITY-ST-ZIP Miami, FL 33169

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, with all other like empowered.

SIGNATURE:

Hyacinth Penso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/21/99

305-949-6317

Date

Daytime Phone #

CR2E037 (5/99)