

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90207 001 ****61.25

DOCUMENT # N03503

1. Entity Name
**THE JAMAICA NURSES' ASSOCIATION OF FLORIDA,
INC.**



Principal Place of Business
**257 NW 107TH AVENUE
PEMBROKE PINES, FL 33026**

Mailing Address
**257 NW 107TH AVENUE
PEMBROKE PINES, FL 33026**

24074900



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2424021

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARDING, CONSTANCE
257 NW 107TH AVENUE
PEMBROKE PINES, FL 33026**

7. Name and Address of New Registered Agent

Name **Hewell, George**
Street Address (P.O. Box Number is Not Acceptable)
11124 SW 158 Terrace
Miami, FL 33157
City **Miami** FL Zip Code **33157**

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

5/9/2004
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME **HARDING, CONSTANCE B**
STREET ADDRESS **257 NW 107 AVE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE VP ☒ Delete
NAME **ELLIS, HYACINTH**
STREET ADDRESS **3800 E. LAKE RD.**
CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE S ☐ Delete
NAME **AKPODIETE, CLAUDETTE**
STREET ADDRESS **10680 WASHINGTON ST #105**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE T ☐ Delete
NAME **HARDING, NADEEN**
STREET ADDRESS **4220 HAYES ST**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE AT ☐ Delete
NAME **WALLACE, MOLLY**
STREET ADDRESS **2838 SW 177 AVE**
CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE AS ☒ Delete
NAME **ARTS, MUREEN**
STREET ADDRESS **7601 E. TREASURE DR. #106**
CITY-ST-ZIP **NORTH BAY VILLAGE, MIAMI, FL 33141**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME **PATRICK, LORNETTE D**
STREET ADDRESS **15500 SW 106 Avenue**
CITY-ST-ZIP **Miami, FL 33157**

TITLE VP ☒ Change ☐ Addition
NAME **ALLEN, BEVERLIN**
STREET ADDRESS **17405 SW 108 CT.**
CITY-ST-ZIP **Miami, FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Change ☐ Addition
NAME **Howard Joan**
STREET ADDRESS **8735 SW 154 Circle Place**
CITY-ST-ZIP **Miami, FL 33193**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lornette D. Patrick LORNETTE PATRICK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/04 305-255-8027
Date Daytime Phone #