

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90153 022 \*\*\*\*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**

40023406



2. Principal Place of Business  
**15500 SW 106 Avenue**

3. Mailing Address  
**15500 SW 106 Avenue**

Suite, Apt. #, etc.

01252005 Chg-NP CR2E037 (10/03)

City & State  
**Miami, FLORIDA**

City & State  
**Miami, FLORIDA**

Zip  
**33157**

Country  
**USA**

Zip  
**33157**

Country  
**USA**

4. FEI Number  
**59-2424021**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARDING, CONSTANCE  
 11124 SW 138 TERRACE  
 MIAMI, FL 33157**

7. Name and Address of New Registered Agent

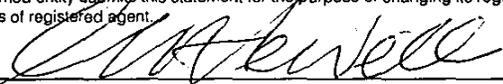
Name  
**George Hewell**

Street Address (P.O. Box Number is Not Acceptable)  
**11124 SW 158 Terrace**

City  
**Miami**

FL Zip Code  
**33157**

8. The above named entity submits 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  DATE **1-25-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PATRICK, LORNETTE D 15500 SW 106 AVENUE MIAMI, FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, BEVERLIN 17405 SW 108 CT. MIAMI, FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AKPODIETE, CLAUDETTE 10680 WASHINGTON ST #105 PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDING, NADEEN 4220 HAYES ST HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WALLACE, MOLLY 2838 SW 177 AVE MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOWARD, JOAN 8735 SW 154 CIRCLE PLACE MIAMI, FL 33193	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marsorie Raymore 1440 SW 97th Way Pembroke Pines, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wallace, Molly 2838 SW 177 Avenue Miramar, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Findlay, Marolyn 16226 SW 7th St. Pembroke Pines, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lorette D. Patrick - LORNETTE D. PATRICK 01/25/05 305-255-8027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #