

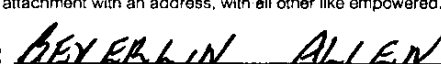


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90095 037 ****61.25

DOCUMENT # N03503 1. Entity Name THE JAMAICA NURSES' ASSOCIATION OF FLORIDA, INC.																													
Principal Place of Business 15500 SW 106 AVENUE MIAMI, FL 33157			Mailing Address 15500 SW 106 AVENUE MIAMI, FL 33157																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address P.O. Box 695177 Suite, Apt. #, etc.																										
City & State City: Miami State: Florida			4. FEI Number 59-2424021																										
Zip 33269			Country USA																										
6. Name and Address of Current Registered Agent HEWELL, GEORGE 11124 SW 158 TERRACE MIAMI, FL 33157			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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:  2/11/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  2/11/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: BEVERLIN ALLEN </div> <div style="width: 20%;"> 305-794-8290 </div> </div>																													

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02022006 Chg-NP CR2E037 (11/05)