

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03503

FILED  
Jan 24, 2008  
Secretary of State

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

**Current Principal Place of Business:**

17405 SW, 108CT  
MIAMI, FL 33157

**New Principal Place of Business:**

6211 SW 35 ST  
MIRAMAR,, FL 33023

**Current Mailing Address:**

17405 SW, 108CT  
MIAMI,, FL 33157

**New Mailing Address:**

6211 SW 35 ST  
MIRAMAR,, FL 33023

**FEI Number:** 59-2424021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRENNAN, LUIE  
19930 NW, 8ST,  
PEMBROOK PINES, FL 33029 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BEVERLIN, ALLEN  
Address: 17405 SW 108TH CT  
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete  
Name: HOWAD, JOAN  
Address: 8753 SW 154 CIRCLE PL  
City-St-Zip: MIAMI, FL 33193

Title: S ( ) Delete  
Name: COOMBS, DOREEN  
Address: 9270 SW146 CT.  
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete  
Name: HUMES, ESTHER  
Address: 3550 NW 181 ST.  
City-St-Zip: MIAMI, FL 33056

Title: AT ( ) Delete  
Name: LAWRENCE, AMYER  
Address: 17781 SW 114 AVE  
City-St-Zip: MIAMI, FL 33157

Title: AS ( ) Delete  
Name: PATTERSON, GEORGETTE  
Address: 17781 SW 114 AVE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FFRENCH-HARDING, CONSTANCE  
Address: 6211 SW 35 ST  
City-St-Zip: MIRAMAR,, FL 33023

Title: VP (X) Change ( ) Addition  
Name: THOMAS-GAYLE,, ALMYRA  
Address: 1031 NW 196 TERRACE  
City-St-Zip: MIAMI, FL 33169

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLIN ALLEN

PP

01/24/2008

Electronic Signature of Signing Officer or Director

Date