

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03503

FILED
Feb 19, 2011
Secretary of State

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

Current Principal Place of Business:

15500 SW 106 AVENUE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

15500 SW 106 AVENUE
MIAMI, FL 33157

New Mailing Address:

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
Name: THOMAS-GAYLE, ALMIRA
Address: 1031 NW 196 TERRACE
City-St-Zip: MIAMI, FL 33169

Title: VP
Name: COOMBS, DOREEN
Address: P.O. BOX 960731
City-St-Zip: MIAMI, FL 33296

Title: S
Name: JAMES, JOAN
Address: 18820 NW 29TH PLACE
City-St-Zip: MIAMI, FL 33056

Title: T
Name: BRENNAN, COLLEEN
Address: 19930 NW 8 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: AT
Name: WEBB, DETA
Address: 8552 SHERATON DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: AS
Name: RAYMORE, MARJORIE
Address: 1440 SW 87TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby 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 all other like empowered.

SIGNATURE: ALMIRA THOMAS-GAYLE

P

02/19/2011

Electronic Signature of Signing Officer or Director

Date