

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90147 020 ****61.25

DOCUMENT # N03503

1. Entity Name

THE JAMAICA NURSE'S ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

P.O. BOX 699254
MIAMI FL 33269

Mailing Address

P.O. BOX 699254
MIAMI FL 33269

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

HEWELL, GEORGE
C/O JAMAICA NURSES' ASSOC. OF FLA. INC.
15500 SW 106TH AVE
MIAMI FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-29-003

FILE NOW: FEE IS \$61.25

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

11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HARDING, CONSTANCE B**
STREET ADDRESS **7981 S FRENCH DR #305**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **PD** ☒ Change ☐ Addition
NAME **HARDING Constance B**
STREET ADDRESS **257 N.W 107 Ave**
CITY-ST-ZIP **Pembroke Pines Fl. 33026**

TITLE **VP** ☒ Delete
NAME **PENSO, HYACINTH**
STREET ADDRESS **3800 E LAKE RD**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE **VP** ☒ Change ☐ Addition
NAME **ELLIS, Hyacinth**
STREET ADDRESS **3800 E Lake Rd**
CITY-ST-ZIP **Miramar FL 33023**

TITLE **S** ☐ Delete
NAME **HARDING, NADEEN S**
STREET ADDRESS **257 NW 107 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **S** ☒ Change ☐ Addition
NAME **AKPODIETE, Claudette**
STREET ADDRESS **10680 Washington St. #105**
CITY-ST-ZIP **Pembroke Pines FL 33025**

TITLE **T** ☒ Delete
NAME **HUMES, ESTHER**
STREET ADDRESS **3550 NW 181ST ST**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **T** ☒ Change ☐ Addition
NAME **HARDING Nadeen**
STREET ADDRESS **4220 Hayes St**
CITY-ST-ZIP **Hollywood Fl. 33021**

TITLE **AT** ☒ Delete
NAME **WILLIAMS, JEAN**
STREET ADDRESS **14225 SW 47TH ST**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **A.T.** ☒ Change ☐ Addition
NAME **WALLACE Molly.**
STREET ADDRESS **2838 SW 17th Ave.**
CITY-ST-ZIP **Miramar FL 33029**

TITLE **AS** ☐ Delete
NAME **AKPODIETE, CLAUDETTE**
STREET ADDRESS **529 NW 130 WAY**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **A.S.** ☐ Change ☒ Addition
NAME **ARTS Murren.**
STREET ADDRESS **7601 E Treasure Dr. #106**
CITY-ST-ZIP **North Bay Village Miami FL 33141**

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: **Constance B Harding** **CONSTANCE B HARDING** **2/4/2003** **954** **3222529**

CR2E037 (10/02)