

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90199 050 ****70.00

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1. Entity Name
JAMAICA CRICKET ASSOCIATION OF FLORIDA, INC.



Principal Place of Business
PO BOX 490704
FT LAUDERDALE, FL 33349

Mailing Address
PO BOX 490704
FT LAUDERDALE, FL 33349

40001000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

56-2507928

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARRIS, TREVOR P
5316 NW 18 ST #4
LAUDERHILL, FL 33313

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 D ☐ Delete
NAME GREEN, STAN
STREET ADDRESS 6710 SW 26 CT
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE D ☐ Delete
NAME HARRIS, TREVOR P
STREET ADDRESS 5316 NW 18 ST #4
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE D ☐ Delete
NAME SMITH, PHILMORE
STREET ADDRESS 5014 W PARK RD
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D ☐ Delete
NAME LAING, ROBERT
STREET ADDRESS 5430 SW 134 AVE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Trevor P. Harris TREVOR P. HARRIS

1/10/06 954 816 4847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #