

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90029 032 \*\*\*\*70.00

**DOCUMENT # N06000011124**

1. Entity Name  
**JAMAICA OUTREACH PROGRAM, INC.**



Principal Place of Business  
**625 111TH AVENUE NORTH  
NAPLES, FL 34108**

Mailing Address  
**POST OFFICE BOX 110581  
NAPLES, FL 34108-1929**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**20-8041251**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**R&A AGENTS, INC.  
850 PARK SHORE DRIVE  
NAPLES, FL 34103**

## 7. Name and Address of New Registered Agent

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, 2008**

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 PD  
NAME GAGNIER, JOSEPH ☐ Delete  
STREET ADDRESS 1213 IMPERIAL DR  
CITY-ST-ZIP NAPLES, FL 34110

TITLE STD  
NAME STARNANT, JEANNE ☐ Delete  
STREET ADDRESS 2223 IMPERIAL GOLF COURSE BLVD  
CITY-ST-ZIP NAPLES, FL 34110

TITLE D  
NAME ELBERFELD, JULIUS ☐ Delete  
STREET ADDRESS 598 BEACHWALK CIR #201  
CITY-ST-ZIP NAPLES, FL 34110

TITLE D  
NAME GLACKIN, THOMAS ☐ Delete  
STREET ADDRESS 10631 REGENT CIR  
CITY-ST-ZIP NAPLES, FL 34110

TITLE D  
NAME OCONNELL, WILLIAM ☐ Delete  
STREET ADDRESS 8315 EXCALIBUR CIR P-11  
CITY-ST-ZIP NAPLES, FL 34110

TITLE D  
NAME OUTRICH, JOHN ☐ Delete  
STREET ADDRESS 5115 CEDAR SPRINGS DR #3101  
CITY-ST-ZIP NAPLES, FL 34110

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

~~V. B. D.~~ ☐ Change ☒ Addition  
NAME PATRICK BLEWETT  
STREET ADDRESS 6265 HIGHCROFT DR  
CITY-ST-ZIP NAPLES, FL 34119

☒ Change ☐ Addition  
NAME STAMANT

~~C. M. KERN~~ ☐ Change ☒ Addition  
NAME ALBERT M KERN  
STREET ADDRESS 3411 ARLETTE DR  
CITY-ST-ZIP NAPLES, FL 34109

☐ Change ☒ Addition  
NAME PATRICK GRIFFIN  
STREET ADDRESS 295 GRANDE WAY # 1101  
CITY-ST-ZIP NAPLES, FL 34110

☐ Change ☒ Addition  
NAME NICHOLAS PAVER  
STREET ADDRESS 25161 SANDPIPER GREENS Ct # 201  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

☐ Change ☒ Addition  
NAME RICHARD VANBUSKIRK  
STREET ADDRESS 10511 SEVILLA DR # 201  
CITY-ST-ZIP FT. MYERS FL 33913

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:

*Jeane Stamat*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08

Date

239 514 0290

Daytime Phone #