2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011124

Entity Name: JAMAICA OUTREACH PROGRAM, INC.

FILED Mar 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
625 111TH NAPLES, F	I AVENUE NO FL 34108	RTH			
Current Mailing Address:			New Mailing Address:		
	FICE BOX 110 FL 341081929				
FEI Number:	20-8041251	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
R&A AGEN 850 PARK NAPLES, F	SHÔRE DRIV	Æ JS			
	named entity of Florida.	submits this statement for the pu	rpose of changing i	its registered office or registered agent, or both,	
SIGNATUR		nic Signature of Registered Ager	.+	Data	
0551055				Date	
OFFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (GAGNIER, JOS 1213 IMPERIA NAPLES, FL 3	L DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STAMANT, JEA	L GOLF COURSE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ELBERFELD, 598 BEACHW/ NAPLES, FL 3	ALK CIR #201	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition BLEWETT, PATRICK 6265 HIGHCROFT DR NAPLES, FL 34119	
Title: Name: Address: City-St-Zip:	D (GLACKIN, THO 10631 REGEN NAPLES, FL 3	T CIR	Title: Name: Address: City-St-Zip:	CD (X) Change () Addition KERNS, ALBERT 3411 ARLETTE DR NAPLES, FL 34109	
Title: Name: Address: City-St-Zip:	D (OCONNELL, W 8315 EXCALIE NAPLES, FL 3	UR CIR P-11	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	OUTRICH, JOH	SPRINGS DR #3101	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition OUSTRICH, JOHN 5115 CEDAR SPRINGS DR #3101 NAPLES. FL. 34110	

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: JEANNE STAMANT STD 03/29/2009