

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005160

FILED  
May 05, 2009  
Secretary of State

Entity Name: JAMAICA OVERSEAS ASSN., INC.

## Current Principal Place of Business:

2200 SHERMAN CIRCLE NORTH #207  
MIRAMAR, FL 330255155

## New Principal Place of Business:

8435 SUNRISE LAKES BLVD  
#312  
SUNRISE, FL 33322

## Current Mailing Address:

2200 SHERMAN CIRCLE NORTH #207  
MIRAMAR, FL 330255155

## New Mailing Address:

8435 SUNRISE LAKES BLVD  
#312  
SUNRISE, FL 33322

FEI Number: 26-2570101      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

LEWIS, SHEILA  
2200 SHERMAN CIRCLE NORTH #207  
MIRAMAR, FL 330255155 US

## Name and Address of New Registered Agent:

LEWIS, SHEILA  
8435 SUNRISE LAKES BLVD  
#312  
SUNRISE, FL 33322 US

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:

05/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: LEWIS, SHEILA  
Address: 2200 SHERMAN CIRCLE NORTH #207  
City-St-Zip: MIRAMAR, FL 330255155

Title: VP ( ) Delete  
Name: FRASER, PETER  
Address: 2200 SHERMAN CIRCLE NORTH #207  
City-St-Zip: MIRAMAR, FL 330255155

Title: S ( ) Delete  
Name: MAXWELL, NADINE  
Address: 2200 SHERMAN CIRCLE NORTH #207  
City-St-Zip: MIRAMAR, FL 330255155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: LEWIS, SHEILA  
Address: 8435 SUNRISE LAKES BLVD, #312  
City-St-Zip: SUNRISE, FL 33322

Title: VP (X) Change ( ) Addition  
Name: FRASER, PETER  
Address: 8435 SUNRISE LAKES BLVD, #312  
City-St-Zip: SUNRISE, FL 33322

Title: S (X) Change ( ) Addition  
Name: MAXWELL, NADINE  
Address: 8435 SUNRISE LAKES BLVD, #312  
City-St-Zip: SUNRISE, FL 33322

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: SHEILA EBANKS

PT

05/05/2009

Electronic Signature of Signing Officer or Director

Date