

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90166 004 \*\*\*\*61.25

**DOCUMENT # N15670**

1. Corporation Name

**CLINT O'NEIL NEEDY KIDS OF JAMAICA, INC.**

Principal Place of Business

8341 NW 11 ST  
PEMBROKE PINES FL 33024  
US

Mailing Address

8341 NW 11 ST  
PEMBROKE PINES FL 33024  
US



2. Principal Place of Business

21 8341 NW 11 street

Suite, Apt. #, etc.

22 Pembroke Pines

23 City & State  
Florida

Zip

24 33024

Country

25 USA

2a. Mailing Address

26 8341 NW 11 street

Suite, Apt. #, etc.

27 Pembroke Pines FL

City & State

Zip

29 33024

Country

30 USA

3. Date Incorporated or Qualified

07/01/1986

4. FEI Number

59-2660703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

THOMPSON, ELGATA H.  
8341 N.W. 11 ST.  
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Elgata Thompson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS THOMPSON, ELGETA  
CITY-ST-ZIP 8341 NW 11TH ST.  
PEMBROKE PINES FL 33024

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS SIDDON, CLINT O'NEIL  
CITY-ST-ZIP 2121 N. BAYSHORE DR.  
MIAMI FL

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS MCKEN, JOANE  
CITY-ST-ZIP 1210 NW 186TH ST.  
MIAMI FL 33169

TITLE ☐ DELETE

NAME T  
STREET ADDRESS COMERIE, GODFREY  
CITY-ST-ZIP 4410 NW-173RD DR.  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elgata Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30<sup>th</sup> 1999

Date

Daytime Phone #

CR2E037 (1/198)