

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N15670

1. Entity 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**



03232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2660703

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000287393
04/04/05-80067-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Delegating Officer

Elgeta H. Thompson *Mar 25th 2005* *954 4943007*