

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15670

FILED
Jan 14, 2008
Secretary of State

Entity Name: CLINT O'NEIL NEEDY KIDS OF JAMAICA, INC.

Current Principal Place of Business:

8341 NW 11 ST
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

8341 NW 11 ST
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 59-2660703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

01/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: THOMPSON, ELGETA,
Address: 8341 NW 11TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VD () Delete
Name: SIDDON, CLINT O'NEIL,
Address: 2121 N. BAYSHORE DR.
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: MCKEN, JOANE,
Address: 1210 NW 186TH ST.
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: COMERIE, GODFREY,
Address: 4410 NW 173RD DR.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELGETA H. THOMPSON

DP

01/14/2008

Electronic Signature of Signing Officer or Director

Date