FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

N23571

(5)

FLORIDA ORGANI	ZATION OF	JAMAICANS.	INC.
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Principal Place of Business Mailing Address 12821 S.W. 115TH TERR. MIAMI FL 33186 MIAMI FL 33186-4729				FI 01041 01011 01011 01811 01011 01011 1801
		ı.		
			3. Date Incorporated or Qualified 11/20/1987	3a. Date of Last Report 03/12/1996
2. Principal Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21	26		65-0079937	Not Applicab
Surfe, Apt. #, efc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
BANCROFT, NORMA 12821 S.W. 115TH TERR.		81 Name 82 Street	Address (P.O. Box Number is Not Acceptable	е)
MIAMI FL 33186		83		· · · · · · · · · · · · · · · · · · ·

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, and accept the obligations of Section 617.0503. Florida Statutes.

City

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE _	Signature, typed or ponted name of registered agent and tille if	annicable (NO	TE: Registered Agent signature require	ad when reinstating)	DATE			
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 12		
TITLE	VD	DELETE	1.1 TITLE		Change	Addition		
NAME	BELL, ARTHUR		1.2 NAME					
STREET ADDRESS	10275 S.W. 141ST CT.		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP					
TITLE	PD	DELETE	2.1 TITLE		Change	☐ Addition		
NAMÉ	BANCROFT, NORMA		2.2 NAME					
STREET ADDRESS	12821 SOUTHWEST 115 TER.		2.3 STREET ADDRESS		•			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP					
TITLE	TD	DELETE	3.1 TITLE		Change	Addition		
NAME	CHIN-A-YOUNG, NORMA		3.2 NAME					
STREET ADDRESS	13400 SOUTHWEST 108 PL.		3.3 STREET ADDRESS					
CITY - ST - ZIP	MIAMI FL		3.4. CITY-ST-ZIP					
TITLE	SD	☐ DELETE	4.1 TOTLE		Change	Addition		
NAME	BALL, MYRTLE		4. 2 NAME					
STREET ADDRESS	6100 SOUTHWEST 137 AVE.		4.3 STREET ADDRESS					
CITY - ST - ZIP	MIAMI FL		4.4 CITY-ST-ZIP					
TITLE	SD	DELETE	5.1 TITLE		Change	Addition		
NAME	Foster, Norma		5.2 NAME	:				
STREET ADDRESS	20640 S.W. 126TH AVE.		5.3 STREET ADDRESS	4 ·				
CITY-ST-7IP	MIAMI FL		5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE	-	Change	Addition		
NAME			6.2 NAME	•				
STREET ADDRESS			6.3 STREET ADORESS	*				
CITY-ST-ZIP	and that the information ourselied with this		6.4 CITY-ST-ZIP	(* 0 - * - 440 07/0)/* 51- H- 0	to I find a seed to be a			

14. I do 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 and that my name appears in Block 12 or Block 13 if changed, or op an attack method and address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAM

SIGNING OFFICER OR DIRECTOR

4/19/97

FILED

May 13 1997 8:00am

Secretary of State

Daytime Phone # 0028034

Zip Code