


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90056 042 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N23571</b>   |  |
| 1. Entity Name<br><b>FLORIDA ORGANIZATION OF JAMAICANS, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>15037 SW 141 TR<br/>MIAMI FL 33196</b> | Mailing Address<br><b>15037 SW 141 TR<br/>MIAMI FL 33196</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
| City & State  | City & State                                  |
| Zip   | Country                                       |



MOORE CR2E037 (11/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0079937</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BANCROFT, NORMA<br/>15037 SW 141 TR<br/>MIAMI FL 33196</b> |
|---|

|  |             |
|--|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                                    |
|----------------------------|------------------------------------|
| TITLE                      | VD <input type="checkbox"/> Delete |
| NAME                       | BELL, ARTHUR                       |
| STREET ADDRESS             | 10275 S.W. 141ST CT.               |
| CITY-ST-ZIP                | MIAMI FL                           |
| TITLE                      | PD <input type="checkbox"/> Delete |
| NAME                       | BANCROFT, NORMA                    |
| STREET ADDRESS             | 15037 SW 141 TERR                  |
| CITY-ST-ZIP                | MIAMI FL 33196                     |
| TITLE                      | TD <input type="checkbox"/> Delete |
| NAME                       | CHIN-A-YOUNG, NORMA                |
| STREET ADDRESS             | 13400 SOUTHWEST 108 PL.            |
| CITY-ST-ZIP                | MIAMI FL                           |
| TITLE                      | SD <input type="checkbox"/> Delete |
| NAME                       | BALL, MYRTLE                       |
| STREET ADDRESS             | 6100 SOUTHWEST 137 AVE.            |
| CITY-ST-ZIP                | MIAMI FL                           |
| TITLE                      | SD <input type="checkbox"/> Delete |
| NAME                       | FOSTER, NORMA                      |
| STREET ADDRESS             | 15207 SW 46 LANE                   |
| CITY-ST-ZIP                | MIAMI FL 33185                     |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY-ST-ZIP                |                                    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

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 an other like empowered.

|  |                       |                |                     |
|--|-----------------------|----------------|---------------------|
| <b>SIGNATURE:</b>  | <i>NORMA BANCROFT</i> | <b>4-11-04</b> | <b>786-293 6057</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |                       | Date           | Daytime Phone #     |