

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # N23571 1. Entity Name FLORIDA ORGANIZATION OF JAMAICANS, INC.					
Principal Place of Business 15037 SW 141 TR MIAMI FL 33196			Mailing Address 15037 SW 141 TR MIAMI FL 33196		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0079937	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BANCROFT, NORMA 15037 SW 141 TR MIAMI FL 33196			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BELL, ARTHUR 10275 S.W. 141ST CT. MIAMI FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BANCROFT, NORMA 15037 SW 141 TERR MIAMI FL 33196	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BALL, MYRTLE 6100 SOUTHWEST 137 AVE. MIAMI FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD FOSTER, NORMA 15207 SW 46 LANE MIAMI FL 33185	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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] NORMA BANCROFT

2/9/2008