

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90149 048 ****70.00

DOCUMENT # N25380 1. Entity Name JAMAICAN/AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.					
Principal Place of Business 1536 WESTONWOODS LANE ORLANDO, FL 32818 US			Mailing Address 7161 PEMBROKE ROAD, #600 PEMBROKE PINES, FL 33023		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 680355 Suite, Apt. #, etc.			
City & State Orlando Florida		4. FEI Number 59-2888285		Applied For <input type="checkbox"/> Not Applicable	
Zip 32868	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04052006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent WILLIAMS, LAURNA 7161 PEMBROKE ROAD, #600 PEMBROKE PINES, FL 33023			7. Name and Address of New Registered Agent Name HERBERT DANKINS Street Address (P.O. Box Number is Not Acceptable) 2216 CERBERUS DR. City APOPKA FL Zip Code 32712		
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 HERBERT DANKINS "PRESIDENT"			DATE 4/10/06		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P HYAOINTH, BULGIN 1536 WESTONWOODS LN ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	HERBERT DANKINS P 2216 CERBERUS DR. APOPKA FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOULTON, POPLIN 2622 COVENTRY LANE OCOE, FL 34761	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DENNIS HALL 7267 HIWASSEE DAKS DR. N.P ORLANDO 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAWKINS, BARBARA 2216 CERBERUS DRIVE APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BARBARA BLAISE 716 WHARF LANE #101 ORLANDO FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	KARENZA GRANT 500 E. LAKE SUITE AVE WINTER PARK 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MOULTON POPLIN 2622 COVENTRY LANE OCOE FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Herbert Dankins			DATE 4/10/06 DAYTIME PHONE # 4078861020		

Herbert Dankins