

4/28/98

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41820 (4)**  
1. Corporation Name  
**JAMAICA CIVIC AND CULTURAL ASSOCIATION INC.**

Principal Place of Business Mailing Address  
**14741 S. RIVER DR. MIAMI FL 33167**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified

01/25/1991

4. FEI Number

65-0234194

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILLINGS, EVERARD**  
**14741 S. RIVER DR.**  
**MIAMI FL 33167**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P GILLINGS, EVERARD**  
STREET ADDRESS **14741 S. RIVER DR.**  
CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ DELETE  
NAME **T CHAMBERS, EARL**  
STREET ADDRESS **18830 NW 17 AVE.**  
CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☐ DELETE  
NAME **VP BOODEN, WESTER**  
STREET ADDRESS **9701 HEATHER LN**  
CITY-ST-ZIP **MIRAMAR FL**

TITLE ☐ DELETE  
NAME **D BECKFORD, LAUREL**  
STREET ADDRESS **6122 WASHINGTON**  
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ DELETE  
NAME **D ANDERSON, BERRIS**  
STREET ADDRESS **15600 NE 14TH AVE.**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33185**

TITLE ☐ DELETE  
NAME **D COOKE, CARL**  
STREET ADDRESS **875 SW 173RD AVE**  
CITY-ST-ZIP **PEMPROKE PINES FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**V.P.**  
**BOODEN, WEBSTER**  
**9701 HEATHER LANE**  
**MIRAMAR FL 33025**

**DIRECTOR**  
**COOKE, CARL**  
**875 SW 173RD AVE**  
**PEMPROKE PINES FL 33029**

14. 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 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**EVERARD S. GILLINGS** 4/18/98 305-229-7563

CR2E037 (10/97)