2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N41820

1. Entity Name
JAMAICA CIVIC AND CULTURAL ASSOCIATION INC.

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

07012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0234194
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GILLINGS, EVERAD
14741 S. RIVER DR.
MIAMI, FL 33167

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000169878
08/12/04-80001-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GILLINGS, EVERARD
STREET ADDRESS	14741 S. RIVER DR.
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	T
NAME	CHAMBERS, EARL
STREET ADDRESS	18830 NW 17 AVE.
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	VP
NAME	ALBERT, STEPHEN
STREET ADDRESS	1240 NW 187 STREET
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	BECKFORD, LAUREL
STREET ADDRESS	6122 WASHINGTON
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	D
NAME	ANDERSON, BERRIS
STREET ADDRESS	15600 NE 14TH AVE.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33165
TITLE	D
NAME	COOKE, CARL
STREET ADDRESS	875 SW 173RD AVE
CITY-ST-ZIP	PEMPROKE PINES, FL 33029

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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 all other like empowered.

SIGNATURE: EVERARD GILLINGS _____ 7/2/04 305-687-2403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #