


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90565 043 ****61.25

DOCUMENT # N41820 1. Entity Name JAMAICA CIVIC AND CULTURAL ASSOCIATION INC.					
Principal Place of Business 14741 S. RIVER DR. MIAMI, FL 33167				Mailing Address 14741 S. RIVER DR. MIAMI, FL 33167	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GILLINGS, EVERAD 14741 S. RIVER DR. MIAMI, FL 33167				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	<input type="checkbox"/> Delete				
NAME	P GILLINGS, EVERARD				
STREET ADDRESS	14741 S. RIVER DR.				
CITY-ST-ZIP	MIAMI, FL 33167				
TITLE	<input type="checkbox"/> Delete				
NAME	T CHAMBERS, EARL				
STREET ADDRESS	18830 NW 17 AVE.				
CITY-ST-ZIP	MIAMI, FL 33056				
TITLE	<input type="checkbox"/> Delete				
NAME	VP ALBERT, STEPHEN				
STREET ADDRESS	1240 NW 187 STREET				
CITY-ST-ZIP	MIAMI, FL 33169				
TITLE	<input type="checkbox"/> Delete				
NAME	D BECKFORD, LAUREL				
STREET ADDRESS	6122 WASHINGTON				
CITY-ST-ZIP	HOLLYWOOD, FL 33023				
TITLE	<input type="checkbox"/> Delete				
NAME	D ANDERSON, BERRIS				
STREET ADDRESS	15600 NE 14TH AVE.				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33165				
TITLE	<input type="checkbox"/> Delete				
NAME	D COOKE, CARL				
STREET ADDRESS	875 SW 173RD AVE				
CITY-ST-ZIP	PEMPROKE PINES, FL 33029				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SIB CHAMBERS, EARL				
STREET ADDRESS	18830 N.W. 17 AVENUE				
CITY-ST-ZIP	MIAMI, FL 33056				
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	T BRAMWELL, ATTILIO				
STREET ADDRESS	19048 NW 23 PLACE				
CITY-ST-ZIP	PEMBROKE PINES, FL 33089				
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 all other like empowered.					
SIGNATURE: <u>Edward S. Gillings</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date April 9, 2005 Daytime Phone # 305-479-6590					