


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90442 022 ****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, EVERARD 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
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 GILLINGS, EVERARD 14741 S. RIVER DR. MIAMI, FL 33167	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAMINELL, ATTILIO 19048 N.W. 23 PLACE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAMBERS, EARL 18830 NW 17 AVE. MIAMI, FL 33056	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAMBERS, EARL 18830 N.W. 17 AVENUE MIAMI GARDENS, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBERT, STEPHEN 1240 NW 187 STREET MIAMI, FL 33169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENS ALBERT 1240 NW 187 STREET MIAMI GARDENS, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKFORD, LAUREL 6122 WASHINGTON HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, BERRIS 15600 NE 14TH AVE. NORTH MIAMI BEACH, FL 33165	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKE, CARL 875 SW 173RD AVE PEMPROKE PINES, FL 33029	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Everard S. Gillings</u> EVERARD S. GILLINGS <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> APRIL 20, 2006 <small>Daytime Phone #</small> 305-479-6590 </div>					

50016105



04182006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0234194

Applied For
☐ Not Applicable

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