

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41820

FILED
Apr 16, 2007
Secretary of State

Entity Name: JAMAICA CIVIC AND CULTURAL ASSOCIATION INC.

Current Principal Place of Business:

14741 S. RIVER DR.
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

14741 S. RIVER DR.
MIAMI, FL 33167

New Mailing Address:

FEI Number: 65-0234194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILLINGS, EVERALD
14741 S. RIVER DR.
MIAMI, FL 33167 US

Name and Address of New Registered Agent:

GILLINGS, EVERALD
14741 S. RIVER DR.
MIAMI, FL 33167 US

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.

SIGNATURE: EVERALD GILLINGS

04/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILLINGS, EVERALD
Address: 14741 S. RIVER DR.
City-St-Zip: MIAMI, FL 33167

Title: S () Delete
Name: CHAMBERS, EARL
Address: 18830 NW 17 AVE.
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP () Delete
Name: STEPHENS, ALBERT
Address: 1240 NW 187 STREET
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D () Delete
Name: BECKFORD, LAUREL
Address: 6122 WASHINGTON
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: ANDERSON, BERRIS
Address: 15600 NE 14TH AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33165

Title: T () Delete
Name: BRAMWELL, ATTLI
Address: 19048 NW 23RD PLACE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GILLINGS, EVERALD
Address: 14741 S. RIVER DR.
City-St-Zip: MIAMI, FL 33167

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BECKFORD, LAUREL
Address: 6122 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVERALD GILLINGS

PRES

04/16/2007

Electronic Signature of Signing Officer or Director

Date