

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41820

FILED  
May 11, 2008  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
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 STREET  
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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

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 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

P

05/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date