

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002333

FILED
Feb 24, 2007
Secretary of State

Entity Name: THE JAMAICA EX-SOLDIERS ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4147 N STATE RD 7
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

PO BOX 101133
FT. LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 65-0590370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, THOMAS L
4898 NW 43 CT
LAUDERDALE LAKES, FL 33319 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: S () Delete
Name: HENRY, SANDRA MS
Address: 2790 SOMERSET DR. #207
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: SD () Delete
Name: HENRY, SANDRA MISS
Address: 721 LONG ISLAND AVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: T () Delete
Name: BLAKE, PAUL MR
Address: 8979 SUNRISE BLVD.
City-St-Zip: PLANTATION, FL 33322

Title: C () Delete
Name: ANDERSON, GLYN MR
Address: 940 SW 88 WAY
City-St-Zip: PEMBROKE PINES, FL 33025

Title: P () Delete
Name: TERRELONGE, SHARON
Address: 2700 NW 56 AVE, BLDG E. APT 102
City-St-Zip: LAUDERHILL, FL 33313

Title: VP () Delete
Name: SMITH, LESLIE
Address: 610 NW 186TH STREET
City-St-Zip: MIAMI GARDEN, FL 33319

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
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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 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: PAUL BLAKE

T

02/24/2007

Electronic Signature of Signing Officer or Director

Date