

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006133

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: THE JAMAICA COMMITTEE INC.

**Current Principal Place of Business:**

19212 WEST LAKE DRIVE  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

19212 WEST LAKE DRIVE  
MIAMI, FL 33015

**New Mailing Address:**

FEI Number: 65-1005109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHEPARD, JACQUELINE  
19212 WEST LAKE DR.  
MIAMIA, FL 33015 US

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

SHEPARD, JACQUELINE  
19212 WEST LAKE DR.  
MIAMI, FL 33015 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: JACQUELINE SHEPARD

04/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FITZROY, MOYRA  
Address: 386 N.E. 195TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete  
Name: ROBERTS, TANYA P  
Address: 9825 SW 105TH TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: PATTINSON, JEFFREY  
Address: 7855 N.W. 12TH STREET, SUITE 207  
City-St-Zip: MIAMI, FL 33015

Title: PT ( ) Delete  
Name: SHEPARD, JACQUELINE  
Address: 19212 WEST LAKE DRIVE  
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete  
Name: SHEPARD, ADAM M  
Address: 6813 BROOKLINE DR  
City-St-Zip: MIAMI, FL 33015

**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:

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: JACQUELINE SHEPARD

PT

04/20/2009

Electronic Signature of Signing Officer or Director

Date