

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03503

Entity Name: THE JAMAICA NURSES' ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**15500 SW 106 AVENUE
MIAMI, FL 33157**Current Mailing Address:**19850 SW 8TH STREET
PEMBROKE PINES, FL 33025 US**FEI Number: 59-2424021****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRENNAN, LUIE
19930 NW, 8 ST,
PEMBROKE PINES, FL 33029 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	PATRICK, LORNETTE DEMERIA
Address	15500 SW 106 AVENUE
City-State-Zip:	MIAMI FL 33157

Title	VP
Name	HOWARD, JOAN
Address	8753 SW 154 CIRCLE PLACE
City-State-Zip:	MIAMI FL 33193

Title	TREASURER
Name	BRENNAN, COLLEEN
Address	19930 NW 8 STREET
City-State-Zip:	PEMBROKE PINES FL 33029

Title	SECRETARY
Name	LAING, ANDRENE
Address	14092 SW 51 COURT
City-State-Zip:	MIRAMAR FL 33027

Title	ASST. SECRETARY
Name	MCDONALD, NORRIS
Address	8753 SW 154 CIRCLE PLACE
City-State-Zip:	MIAMI FL 33193

Title	ASST. TREASURER
Name	ANGLIN-MILLER, WINSOME
Address	9850 SW 8TH STREET
City-State-Zip:	PEMBROKE PINES FL 33025

I hereby 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 all other like empowered.

SIGNATURE: LORNETTE DEMERIA PATRICK**PRESIDENT****04/15/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date