

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03503

Entity Name: THE JAMAICA NURSES' ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**8753 SW 154 CIRCLE PLACE
MIAMI, FL 33193**Current Mailing Address:**P.O. BOX 695177
MIAMI, FL 33269 US**FEI Number: 59-2424021****Certificate of Status Desired: Yes****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 HOWARD, JOAN MSN.ED
Address 8753 SW 154 CIRCLE PLACE
City-State-Zip: MIAMI FL 33193

Title VP
Name ALLEN, DR. BEVERLIN PHD
Address 17405 SW 108 COURT
City-State-Zip: MIAMI FL 33157

Title TREASURER
Name SAUNDERS, ERROL
Address 12173 SW 131 AVENUE
City-State-Zip: MIAMI FL 33186

Title SECRETARY
Name MCDONALD, NORRIS CRT
Address 6510 SW 20TH STREET
City-State-Zip: MIRAMAR FL 33023

Title ASST. SECRETARY
Name JOHNSON, DR. BRIDGETTE PHD
Address 20626 NW 11TH CT
City-State-Zip: MIAMI FL 33169

Title ASST. TREASURER
Name DUSSARD, CLOVER
Address 1051 WILSHIRE CIRCLE WEST
City-State-Zip: PEMBROKE PINES FL 33027

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: JOAN HOWARD, RN, MSN.ED**PRESIDENT****01/31/2023**

Electronic Signature of Signing Officer/Director Detail

Date