

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03503

**Entity Name:** THE JAMAICA NURSES' ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**9850 SW 8TH STREET  
PEMBROKE PINES, FL 33025**Current Mailing Address:**9850 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, 8ST,  
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	P
Name	ANGLIN-MILLER, WINSOME
Address	9850 SW 8TH STREET
City-State-Zip:	PEMBROKE PINES FL 33025

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

Title	S
Name	JAMES, JOAN
Address	18820 NW 29TH PLACE
City-State-Zip:	MIAMI FL 33056

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

Title	AT
Name	WEBB, DETA
Address	8552 SHERATON DRIVE
City-State-Zip:	MIRAMAR FL 33025

Title	AS
Name	RAYMORE, MARJORIE
Address	1440 SW 87TH WAY
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: WINSOME ANGLIN-MILLER****PRESIDENT****04/08/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date