

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03503

Entity Name: THE JAMAICA NURSES' ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**17405 SW 108 CT. MIAMI
MIAMI FL. 33157, FL 33157**Current Mailing Address:**P.O. BOX 695177
MIAMI, FL 33269 US**FEI Number: 59-2424021****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALLEN, BEVERLIN
17405 SOUTHWEST 108TH COURT
MIAMI, FL 33157 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: BEVERLIN ALLEN****02/01/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ALLEN, BEVERLIN MARIE PHD
Address P.O. BOX 695177
City-State-Zip: MIAMI FL 33269

Title VP
Name MONFRIES, PRIMROSE
Address 10955 SW 175 ST
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 SMITH, RENAY PHD
Address 4272 SW 126 AVE
City-State-Zip: MIRAMAR FL 33027

Title ASSISTANT SECRETARY
Name LAIN, ANDRENE PHD
Address 18831 NORTHWEST 30TH COURT
City-State-Zip: MIAMI FL 33157

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: ALLEN, BEVERLIN MARIE, PHD**PRESIDENT****02/01/2025**

Electronic Signature of Signing Officer/Director Detail

Date