FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 2-7-96 B-0852 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31095** (5)

1. Corporation Name

THE ASSOCIATION FOR THE IMPROVEMENT OF MINORITIE S IN THE INTERNAL REVENUE SERVICE JACKSONVILLE C

Principal Place of Business	Mailing Address
P O BOX 5576 JACKSONVILLE FL 32247	P O BOX 5576 JACKSONVILLE FL 32247

3. Date Incorporated or Qualified: **03/09/1989**
3a. Date of Last Report: **01/23/1995**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-2135881** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ATKINS, JERRY
1489 SO. KIRKMAN RD., #1094
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☒ DELETE	1.1 TITLE	DVP	☐ Change ☒ Addition
NAME	MCNEALY, PACE		1.2 NAME	Hodge, Frederick	
STREET ADDRESS	POST OFFICE BOX 555143 N/A		1.3 STREET ADDRESS	4872 Victoria Chase Court	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DICKERSON, VINCENT		2.2 NAME		
STREET ADDRESS	8370 EARL CIRCLE W.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARVIN, OSCAR		3.2 NAME		
STREET ADDRESS	7231 LUKE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		3.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	4.1 TITLE	DVP	☐ Change ☒ Addition
NAME	HONEYSUCKER, VERNELL		4.2 NAME	Nellum, Thoreau	
STREET ADDRESS	POST OFFICE BOX 28606 N/A		4.3 STREET ADDRESS	1003 Highgrove Court	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Valrico, Florida 33594	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	HARRISON, NADA		5.2 NAME	Rush, Rosalind	
STREET ADDRESS	1603 E. PARIS ST.		5.3 STREET ADDRESS	2359 Aztec Drive West	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Jacksonville, Florida 32246	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vincent E. Dickerson **Vincent E. Dickerson** **1-19-96** **(904) 279-1684**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #