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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31095

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/09/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2135881 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DICKERSON, VINCENT
8370 EARL CIRCLE WEST
JACKSONVILLE FL 32219

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		☐ Change ☐ Addition
NAME	HODGE, FREDERICK		1.2 NAME		
STREET ADDRESS	4872 VICTORIA CHASE CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
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	JOHNSON, JOSEPH		3.2 NAME		
STREET ADDRESS	908 WINCHESTER LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		3.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MASSEY, ELNORA		4.2 NAME		
STREET ADDRESS	5121 CATOMA ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, INEZ		5.2 NAME		
STREET ADDRESS	2819 RIBAULT SC DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32208		5.4 CITY-ST-ZIP		
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		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Inez E. Brooks **SIGNATURE REQUIRED** INEZ E. BROOKS 1/14/98 (904) 232-2447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #