2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N31095

FILED
May 12, 2000 8:00 am
Secretary of State
03-03-2000 90222 026 ****61.25

1. Entity Name

THE ASSOCIATION FOR THE IMPROVEMENT OF MINORITIE

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DICKERSON, VINCENT 8370 EARL CIRCLE WEST JACKSONVILLE FL 32219	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 Vincent E Dickerson 2-12-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HODGE, FREDERICK 4872 VICTORIA CHASE CT JACKSONVILLE FL	☒ Delete	TITLE DVP NAME STREET ADDRESS CITY-ST-ZIP	1st Vice President Willie Servance 7400 Powers Ave., #302 Jacksonville, FL 32217	☐ Change ☒ Addition DVP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DICKERSON, VINCENT 8370 EARL CIRCLE W. JACKSONVILLE FL	☐ Delete	TITLE DVP NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President Larry Keith, Jr. 11812 Hickorynut Dr. Tampa, FL 33625	☐ Change ☒ Addition DVP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNSON, JOSEPH 908 WINCHESTER LN VALRICO FL 33594	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MASSEY, ELNORA 5121 CATOMA ST JACKSONVILLE FL 32210	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROOKS, INEZ 2819 RIBAULT SC DR JACKSONVILLE FL 32208	☒ Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nada A. Harrison 1603 E. Paris St. Tampa, FL 33610	☐ Change ☒ Addition SD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nada A. Harrison Secretary Nada A. Harrison Secretary 2-24-2000 813-231-8263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #