2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91230 034 ****61.25

DOCUMENT # N31095

1. Entity 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

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

DICKERSON, VINCENT
8370 EARL CIRCLE WEST
JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent

Name: Thoreau J. Nellum

Street Address (P.O. Box Number is Not Acceptable): 1003 Highgrove Court

City: Valrico **FL** Zip Code: 33594

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: Thoreau J. Nellum — Thoreau J. Nellum, President — 04-30-2002
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 SERVANCE, WILLIE 7400 POWERS AVE #302 JACKSONVILLE FL 32217	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Connie D. Levy 6710 Collins Road #2517 Jacksonville, FL 32244	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DICKERSON, VINCENT 8370 EARL CIRCLE W. JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Thoreau J. Nellum, President 1003 Highgrove Court Valrico, FL 33594	☒ Change ☐ Addition
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 KEITH, LARRY JR 11812 HICKORYNUT DR TAMPA FL 33625	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Wil Nix 474 Freeman Street Longwood, FL 32750	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARRISON, NADA A 1603 E PARIS ST TAMPA FL 33610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Yolanda White 7388 Spring Hill Road Jacksonville, FL 32244	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 Joseph Johnson — Joseph Johnson, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #