

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N31095**

1. Entity Name

THE ASSOCIATION FOR THE IMPROVEMENT OF  
MINORITIES IN THE INTERNAL REVENUE SERVICE  
JACKSONVILLE C



Principal Place of Business

P O BOX 520846  
LONGWOOD, FL 32752

Mailing Address

P O BOX 520846  
LONGWOOD, FL 32752



04262005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

NIX, WIL  
474 FREEMAN STREET  
LONGWOOD, FL 32750

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000340790  
04/28/05-80130-012 61 25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
JOHNSON, JOSEPH  
908 WINCHESTER LN  
VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
NIX, WIL  
474 FREEMAN STREET  
LONGWOOD, FL 32750

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
PHILLIPS, ANITA  
210 NORTH LAKE COURT  
KISSIMMEE, FL 34733

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2005 813-315-2347

Date

Daytime Phone #