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FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **837797** (0)

1. Corporation Name

**ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFOR
M NOW, INC.**

Principal Place of Business

Mailing Address

**8025 N WEST 6TH COURT
MIAMI FL 33127**

**1024 ELYSIAN FIELDS AVENUE
NEW ORLEANS LA 70117**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/04/1977

4. FEI Number

72-0481941

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **HURD, MAUDE**
STREET ADDRESS **80 EDSON STREET**
CITY-ST-ZIP **DORCHESTER MA 02124**

TITLE **D** ☐ DELETE

NAME **HICKOX, DAVID**
STREET ADDRESS **3624 W MCKINLEY**
CITY-ST-ZIP **PHOENIX AR 85066**

TITLE **D** ☐ DELETE

NAME **BOYD, ELLEN**
STREET ADDRESS **415 N 41ST STREET**
CITY-ST-ZIP **PHOENIX AZ 85008**

TITLE **TD** ☐ DELETE

NAME **WILKERSON, ANGIE**
STREET ADDRESS **199 WOODROW AVENUE**
CITY-ST-ZIP **DORCHESTER MA 02124**

TITLE **VP** ☐ DELETE

NAME **VASQUEZ, YVONNE**
STREET ADDRESS **1834 KAMMERER AVENUE**
CITY-ST-ZIP **SAN JOSE CA 95116**

TITLE **SD** ☐ DELETE

NAME **AMADI, DOROTHY**
STREET ADDRESS **784 BELMONT AVENUE**
CITY-ST-ZIP **BROOKLYN NY 11208**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

[Signature]

April 22 1998 1514 943-5454

CR2E037 (10/97)