


FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 837797					
1. Corporation Name ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW, INC.					
Principal Place of Business 6025 N WEST 6TH COURT MIAMI FL 33127			Mailing Address 1024 ELYSIAN FIELDS AVENUE NEW ORLEANS LA 70117		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/04/1977 4. FEI Number 72-0481941 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324				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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURD, MAUDE	1.2 NAME	PLEASE SEE ATTACHED:
STREET ADDRESS	60 EDSON STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DORCHESTER MA 02124	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKOX, DAVID	2.2 NAME	
STREET ADDRESS	3624 W MCKINLEY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AR 85066	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, ELLEN	3.2 NAME	
STREET ADDRESS	415 N 41ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ 85008	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKERSON, ANGIE	4.2 NAME	
STREET ADDRESS	199 WOODROW AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DORCHESTER MA 02124	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, YVONNE	5.2 NAME	
STREET ADDRESS	1834 KAMMERER AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95116	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMADI, DOROTHY	6.2 NAME	
STREET ADDRESS	784 BELMONT AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11208	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 IIRs empowered.

SIGNATURE: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

(504) 943-5954

Date

Daytime Phone #

CR2E037 (11/98)