

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91237 013 ****61.25

DOCUMENT # 837797

1. Entity Name

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFOR

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

3510 Biscayne Blvd
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33137

Country

Country

4. FEI Number

72-0481941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HURD, MAUDE	
STREET ADDRESS	60 EDSON STREET	
CITY-ST-ZIP	DORCHESTER MA 02124	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKOX, DAVID	
STREET ADDRESS	3624 W MCKINLEY	
CITY-ST-ZIP	PHOENIX AR 85066	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, ELLEN	
STREET ADDRESS	415 N 41ST STREET	
CITY-ST-ZIP	PHOENIX AZ 85008	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILKERSON, ANGIE	
STREET ADDRESS	199 WOODROW AVENUE	
CITY-ST-ZIP	DORCHESTER MA 02124	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VASQUEZ, YVONNE	
STREET ADDRESS	1834 KAMMERER AVENUE	
CITY-ST-ZIP	SAN JOSE CA 95116	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AMADI, DOROTHY	
STREET ADDRESS	784 BELMONT AVENUE	
CITY-ST-ZIP	BROOKLYN NY 11208	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

05/05/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)