

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 837797**

1. Entity Name

**ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW, INC.****FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90198 001 \*\*\*\*61.25

0017169

Principal Place of Business	Mailing Address
3510 BISCAYNE BLVD MIAMI FL 33137	1024 ELYSIAN FIELDS AVENUE NEW ORLEANS LA 70117

**B0135050**

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 <b>72-0481941</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 S PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		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. 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

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURD, MAUDE 60 EDSON STREET DORCHESTER MA 02124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKOX, DAVID 3624 W MCKINLEY PHOENIX AR 85066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, ELLEN 415 N 41ST STREET PHOENIX AZ 85008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILKERSON, ANGIE 199 WOODROW AVENUE DORCHESTER MA 02124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VASQUEZ, YVONNE 1834 KAMMERER AVENUE SAN JOSE CA 95116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMADI, DOROTHY 784 BELMONT AVENUE BROOKLYN NY 11208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: *Signature of MAUDE HURD*

8-16-2002 [Signature]

CR2E037 (4/02)

Attachment  
Doc. # 837797

**CITIZENS CONSULTING, INC.**  
**LEGAL DEPARTMENT**

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1024 Elysian Fields • New Orleans, LA 70117 • (504) 943-5954 • fax (504) 944-7078

August 19, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: Association of Community Organizations For Reform Now, Inc.**

To Whom it May Concern:

Please find the enclosed Uniform Business Report for the above referenced corporation.  
Also, please find a check for the filing fee of \$61.25. If you have any questions, please  
call me at the above phone number.

Thank you,

  
Tanya Campbell