

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837797

FILED
Jul 06, 2007
Secretary of State

Entity Name: ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW, INC.

Current Principal Place of Business:

1024 ELYSIAN FIELDS AVENUE
NEW ORLEANS, LA 70117

New Principal Place of Business:

Current Mailing Address:

1024 ELYSIAN FIELDS AVENUE
NEW ORLEANS, LA 70117

New Mailing Address:

FEI Number: 72-0481941 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HURD, MAUDE,
Address: 60 EDSON STREET
City-St-Zip: DORCHESTER, MA 02124

Title: AT () Delete
Name: PHARR, DONNA
Address: 1024 ELYSIAN FIELDS AVENUE
City-St-Zip: NEW ORLEANS, LA 70117

Title: TD () Delete
Name: CLARK, JOHNNIE
Address: 1641 WAGON WHEEL TRAIL
City-St-Zip: DALLAS, TX 75241

Title: VPD () Delete
Name: POLANCO, MARIA
Address: 390 GRAND CONCOURSE, #7
City-St-Zip: BRONX, NY 10451

Title: SD () Delete
Name: NELSON, MAXINE
Address: 4308 W. 9TH AVE.
City-St-Zip: PINE BLUFF, AR 71603

Title: AT (X) Delete
Name: GODDARD, BETH
Address: 1024 ELYSIAN FIELDS AVENUE
City-St-Zip: NEW ORLEANS, LA 70117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA PHARR

AT

07/06/2007

Electronic Signature of Signing Officer or Director

Date