

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837797

FILED  
Jan 29, 2008  
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 ( )**

**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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: AT (X) Change ( ) Addition  
Name: JONES, MICHAEL  
Address: 1024 ELYSIAN FIELDS AVENUE  
City-St-Zip: NEW ORLEANS, LA 70117

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: MICHAEL JONES

AT

01/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date