

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90058 030 ****61.25

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1. Entity Name

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW, INC.



Principal Place of Business

**3510 BISCAYNE BLVD
MIAMI FL 33137**

Mailing Address

**1024 ELYSIAN FIELDS AVENUE
NEW ORLEANS LA 70117**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-0481941**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HURD, MAUDE**
STREET ADDRESS **60 EDSON STREET**
CITY-ST-ZIP **DORCHESTER MA 02124**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HICKOX, DAVID**
STREET ADDRESS **3624 W MCKINLEY**
CITY-ST-ZIP **PHOENIX AR 85068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BOYD, ELLEN**
STREET ADDRESS **415 N 41ST STREET**
CITY-ST-ZIP **PHOENIX AZ 85008**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **WILKERSON, ANGIE**
STREET ADDRESS **199 WOODROW AVENUE**
CITY-ST-ZIP **DORCHESTER MA 02124**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **VASQUEZ, YVONNE**
STREET ADDRESS **1834 KAMMERER AVENUE**
CITY-ST-ZIP **SAN JOSE CA 95116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **AMADI, DOROTHY**
STREET ADDRESS **784 BELMONT AVENUE**
CITY-ST-ZIP **BROOKLYN NY 11208**

TITLE ☐ Change ☐ 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

Maude Hurd 7-31-03 (617) 451-0049

CR2E037 (4/03)