

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

06-18-2004 90002 039 \*\*\*\*61.25

**DOCUMENT # N31095**

1. Entity Name  
**THE ASSOCIATION FOR THE IMPROVEMENT OF  
MINORITIES IN THE INTERNAL REVENUE SERVICE  
JACKSONVILLE C**



Principal Place of Business  
**P O BOX 5576  
JACKSONVILLE, FL 32247**

Mailing Address  
**P O BOX 5576  
JACKSONVILLE, FL 32247**

**54057912**



2. Principal Place of Business

**P.O. Box 520846**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 520846**  
Suite, Apt. #, etc.

04302004

Chg-NP

CR2E037 (10/03)

City & State

**Longwood, FL**

Zip  
**32750**

Country  
**USA**

City & State

**Longwood, FL**

Zip  
**32750**

Country  
**USA**

4. FEI Number  
**59-2135881**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NELLUM, THOREAU  
1003 HIGHGROVE COURT  
VALRICO, FL 33594**

7. Name and Address of New Registered Agent

Name **WIL NIX**

Street Address (P.O. Box Number is Not Acceptable)

**474 FREEMAN STREET**

City **LONGWOOD**

FL

Zip Code  
**32750**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
LEVY, CONNIE D  
6710 COLLINS RD, #2517  
JACKSONVILLE, FL 32244** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
NELLUM, THOREAU J  
1003 HIGHGROVE COURT  
VALRICO, FL 33594** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
JOHNSON, JOSEPH  
908 WINCHESTER LN  
VALRICO, FL 33594** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
NIX, WIL  
474 FREEMAN STREET  
LONGWOOD, FL 32750** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WHITE, YOLANDA  
7388 SPRING HILL ROAD  
JACKSONVILLE, FL 32244** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
PHILLIPS, ANITA  
210 NORTH LAKE COURT  
KISSIMMEE, FL 34733** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**P.O.  
Nix, Wil  
474 FREEMAN ST  
LONGWOOD, FL 32750**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**DVP  
Phillips, Anita  
210 North Lake Ct  
Kissimmee, FL 34743**

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:

**Anita Phillips**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/14/2004**  
Date  
**660-5839x 314**  
Daytime Phone #