


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N31095 1. Entity Name THE ASSOCIATION FOR THE IMPROVEMENT OF MINORITIES IN THE INTERNAL REVENUE SERVICE JACKSONVILLE C	
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Principal Place of Business P O BOX 520846 LONGWOOD, FL 32752	Mailing Address P O BOX 520846 LONGWOOD, FL 32752
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03122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2135881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NIX, WIL 474 FREEMAN STREET LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, JOSEPH 908 WINCHESTER LN VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIX, WIL 474 FREEMAN STREET LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PHILLIPS, ANITA 210 NORTH LAKE COURT KISSIMMEE, FL 34733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000468007
03/24/06-80013-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/2006
Date Daytime Phone #