

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2008 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**



Principal Place of Business
**P O BOX 520846
LONGWOOD, FL 32752**

Mailing Address
**P O BOX 520846
LONGWOOD, FL 32752**

DO NOT WRITE IN THIS SPACE



05252008 No Chg-NP

CR2E037 (4/06)

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

**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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000952444
06/04/08-80075-021 61.25

10. OFFICERS AND DIRECTORS

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

**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 all other like empowered.

SIGNATURE:

Joseph Johnson
JOSEPH JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-2008
Date

813-315-2347
Daytime Phone #