

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31095

FILED
Mar 16, 2009
Secretary of State

Entity Name: THE ASSOCIATION FOR THE IMPROVEMENT OF MINORITIES IN THE INTERNAL REVENUE SERVICE JACKSONVILLE CHAPTER, INC.

Current Principal Place of Business:

P O BOX 520846
LONGWOOD, FL 32752

New Principal Place of Business:

210 NORTH LAKE COURT
KISSIMMEE, FL 34733

Current Mailing Address:

P O BOX 520846
LONGWOOD, FL 32752

New Mailing Address:

FEI Number: 59-2135881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIX, WIL
474 FREEMAN STREET
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

WILSON, ANITA DVP
210 NORTH LAKE COURT
KISSIMMEE, FL 34733 US

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: ANITA WILSON

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: JOHNSON, JOSEPH
Address: 908 WINCHESTER LN
City-St-Zip: VALRICO, FL 33594

Title: PD () Delete
Name: NIX, WIL
Address: 474 FREEMAN STREET
City-St-Zip: LONGWOOD, FL 32750

Title: DVP (X) Delete
Name: PHILLIPS, ANITA
Address: 210 NORTH LAKE COURT
City-St-Zip: KISSIMMEE, FL 34733

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: PHILLIPS, ANITA
Address: 210 NORTH LAKE COURT
City-St-Zip: KISSIMMEE, FL 34733

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: JOSEPH JOHNSON

TD

03/16/2009

Electronic Signature of Signing Officer or Director

Date