### Imani A. Boykin, Esq.

#### (904) 632-4836 • IBoykin@ImaniBoykinPA.com

#### **BAR ADMISSIONS**

- Florida, 2005
- New Jersey, 2006
- United States District Court of New Jersey, 2006
- United States District Court, Middle District of Florida, 2008

#### **EDUCATION**

Stetson University College of Law, Gulfport, Florida

Master of Laws, Elder Law (With Distinction), December 2016

Matthew Bender Book Award

#### Florida Coastal School of Law, Jacksonville, Florida

Juris Doctor, May 2005

- Graduated in top 20% of class
- · Law Review, Casenote Editor
  - o Author, Eleventh Commandment for the Eleventh Circuit: Thou Shall Not Violate the Establishment Clause, 5 Coastal Law Review 1, p. 135
- Governor's Merit Scholarship Award Winner
- Associate Justice, Honor Court
- Teaching Assistant, Property I & II, Real Estate Transactions, Lawyering Process I & II
- Book Award for Contracts
- National Association of Women Lawyers, Outstanding Law Student Award, 2005

#### SUNY at Buffalo, Buffalo, New York

Master of Business Administration, Corporate Finance & Human Resource Management, 1993 Bachelor of Science, Corporate Finance & Management Information Systems, 1991

- Dean's List 11 of 13 semesters
- Marine Midland Bank (now HSBC) Fellowship Winner
- New York State Higher Education Scholarship Winner

#### PROFESSIONAL EXPERIENCE

Law Office of Imaui Boykin, P.A. President, Jacksonville, FL

Nov. 2005 - Present

#### Florida Coastal School of Law

Jan. 2015 - Nov. 2016

Adjunct Professor, Class: Ethical Considerations for the Family Law Lawyer, Jacksonville, FL

United States District Court, Middle District of Florida

June 2004 - Aug. 2004

Judicial Intern, The Honorable Monte C. Richardson, Magistrate Judge, Jacksonville, FL

United States District Court, Middle District of Florida

Jan. 2004 - May 2004

Judicial Intern, The Honorable Thomas E. Morris, Magistrate Judge, Jacksonville, FL

|     | Blue Cross and Blue Shield of Florida Director, Human Resources, Jacksonville, FL  | May 2001 — April 2002 |                            |
|-----|--|-----------------------|----------------------------|
| .3  | Kerox Corporation (Rochester, NY)  | Jan. 1995 –           | Jan. 2001                  |
|     | General Manager, Technical Solutions   | July 1998 -           |                            |
| 1   | Manager, Business Development  | Jan. 1997 –           | -July 1998                 |
| ï   | Manager, 1996 International Olympic Games (Special Assignment)   | July 1996 -           | Aug. 1996                  |
|     | Manager, Strategic Planning  | Jan. 1995 –           | Dec. 1996                  |
| . 1 | Eastman Kodak Company  | June 1992 –           | Dec. 1994                  |
| i   | Financial Analyst, Color Paper Manufacturing, Rochester, NY  |                       |                            |
| .1  | LEGAL ACTIVITIES   |                       |                            |
|     | Board of Directors, Northeast Florida Medical Legal Partnership  | 201:                  | 3 - Present                |
|     | Member, The Florida Bar Probate Rules Committee  | 201                   | 3 - Present                |
|     | <ul> <li>Sponsor, Jacksonville Area Legal Aid Advance Directives Workshops</li> </ul>  | 201                   | 2 - Present                |
|     | <ul> <li>Member, Fourth Circuit Grievance Committee "D" (Chair, 2013)</li> </ul>   | 2                     | 010-2013                   |
|     | <ul> <li>Florida Family Law American Inns of Courts (Barrister)</li> </ul>   | 200                   | 9 - Present                |
|     | <ul> <li>Participant, Jacksonville Area Legal Aid Ask-A-Lawyer Events</li> </ul>   | 200                   | 8 - Present                |
|     | The New Jersey Bar Association   |                       | 6 - Present                |
|     | <ul> <li>American Bar Association (Standing Committee, Lawyer Referral, 2016)</li> </ul>   | •                     | 5 - Present                |
|     | • D.W. Perkins Bar Association, Inc. (President, 2010-2011)  |                       | 05 - Present               |
|     | <ul> <li>The Florida Bar (Real Property, Probate and Trust/Trial/Family Law Se</li> </ul>  |                       | 5 - Present                |
|     | Jacksonville Bar Association (Sustaining Member)   |                       | )5 - Present               |
|     | Jacksonville Women Lawyers Association (Judicial Reception Committee   | · · ·                 | )5 – Present               |
|     | Phi Delta Phi International Legal Fraternity, Inc.   | 200                   | 03 — Present               |
|     | OUTSIDE ACTIVITIES   |                       |                            |
|     | Jacksonville Chamber of Commerce   | 200                   | 06 - Present               |
|     | Member, Shiloh Metropolitan Baptist Church   | 200                   | 04 - Present               |
|     | <ul> <li>Member, Alpha Kappa Alpha Sorority, Inc.</li> </ul>   | 200                   | 00 - Present               |
|     | Lifetime Member, National Black MBA Association, Inc.  |                       | 92 - Present               |
|     | <ul> <li>Board of Directors, Florida Coastal School of Law Alumni Association</li> <li>Board of Directors, University of Buffalo Alumni Association</li> </ul> |                       | 2005 - 2010<br>1998 - 2001 |
|     | MILITARY SERVICE   |                       |                            |
|     | United States Army   | !                     | 1983 – 1989                |

## **APPLICATION FOR ETHICS COMMISSION APPOINTMENT**

Note: all data on this form will become public record and can be released. If you have a concern about this, please contact the Ethics Office.

This form must be completed in full, signed, notarized and accompany a current resume.

| 1.         | Board(s) of Inte                  | erest: Jackson             | ville Ethics Comn                       | ission (Section 60                                  | 2, Part 9, Ordina | nce Code)          |                         |
|------------|-----------------------------------|----------------------------|---|---|-------------------|--------------------|-------------------------|
| 2.         | How did you he                    | ear / leam abou            | ut this appointment                     | opportunity?  |                   |                    |                         |
|            | 1                                 | ΛC                         | Peri                                    | sonal Informatio                                    | on<br>Qayay       |                    |                         |
| 3.         | Name: Name:                       | Mr./Mrs./Ms.,              | First                                   | Middle/Maiden                                       | Lest              | _                  | Suffer in ISr Hilletc.) |
| 4.         | Residence:                        | Street                     | , | City  |                   | County             | ' Zip Code              |
|            |                                   | Post Office Box            | 386-439                                 | 2 City  | (904              | County<br>4)386-4  | Zip Code<br>392         |
| <b>5</b> . | Business:                         | Relephono: (area           | OHTCC O                                 | f I man   |                   | (area code) number |                         |
|            |                                   | Street                     | <del></del>                             | City  |                   | County             | Zip Code                |
|            |                                   | Post Office Box            |   | City  |                   | County             | Zip Code                |
| 6.         | Email Address:                    | Telephone: (area           | KIN (A                                  | Emani Bo  | ykin PA           | ea code) number    |                         |
| 7.         | To which addre                    | ess do you pref            | er correspondence                       | regarding this appli                                | ication be sent?  | Residence Email    | ☐ Business              |
| 8.         | Is your address                   | exempt from                | Chapter 119, Florid                     | a Statutes, regardin                                | ng Public Record  | ls?                | : □ No                  |
|            | If yes, please e                  | xplain and plea            | ase do not list your                    | address on this forr                                | n:                |                    |                         |
| 9.         | Your Gender:                      | ☐ Male 🏂                   | Female                                  |   |                   |                    |                         |
| 10.        | Describe yours<br>760.80, Florida | elf within one of Statues. | or more of the cateo                    | pories below. This i                                | nformation is red | quested pursuant   | to Section              |
| /          | Caucasian African Am Hispanic A   |                            |   | Asian American<br>Native American<br>American woman |                   | physically d       | isabled                 |
| 11.        | As of what date                   | have you bee               | n a continuous resi                     | ident of:   | 4                 |                    | - 4                     |
|            | A.                                | Duval County               | Hug.,                                   | 2061 B.   | Florida? A U      | 9.1,2              | וש                      |
|            |                                   |                            | Month/Day/Yea                           | ar  |                   | Month/Day/Year     |                         |

| 12. | . Are you a U.S. Citizen?  | s 🔲 No  |   |
|-----|--|---|---|
| 13. | . Are you registered to vote in Florida?   | Yes □No If yes, County  | of Registration: DWA  |
|     |  | Education   | •   |
| 4.4 | . High School: Allendale Co  | Lumbia Chrol lente  | NY LI   |
| 14. | Name   | City City   | State   |
| 15. | Postsecondary Institutions:  | Dates Attended  | Carifficale/Devices Estrant   |
| •   | SUNY @ Buffelo Buffel  |   | 0.0   |
| r   | FCSL Tacksonaly FL   | 8/2002-5/20   | ns ID.  |
|     |  | 1/2015 - 12/2   | ab II-M. Eder La  |
|     |  |   |   |
|     |  | <b>Employment</b>   |   |
| 16  | Provide the requested information for  | r all employers within the last five years,   | beginning with the most current. Please   |
|     | 1  |   |   |
|     | Employar Employar  | Addless   | WIST THE CO.  |
|     | Type of Rusiness   | Wesiden F   | 11/2005 - Present   |
|     | 7,6-,0-,0-0  |   |   |
|     | B. Employer  | Address   |   |
|     |  |   |   |
|     | Type of Business   | Occupation/Job Title  | Dates of Employment   |
|     | C  |   |   |
|     | Employer   | Address   |   |
|     | Type of Business   | Occupation/Job Title  | Dates of Employment   |
|     |  | Special Qualifications  |   |
| 1   | Name and Location SUNY & Buffulo, Buffulo FCSL, Tackson lu, FL Stetson, Gulfpat, FL  Provide the requested information for elaborate in your attached resume A. Law Office of Time Employer Law Type of Business  B. Employer  Type of Business  C. Employer | Employment  rail employers within the last five years,  Addless  President  Occupation/Job Title  Address | beginning with the most current. Please  11/2005 - Present  Dates of Employment |

- 17. A. Three (3) of the nine (9) appointments to the Ethics Commission are required to be appointed by the Ethics Commission. The only qualification is that the Ethics Commission appointee has been a registered voter in Duval County for six (6) months prior to introduction of his/her nomination for confirmation. This is the position for which the Ethics Commission is currently soliciting applications.
  - B. The other six (6) of the nine (9) appointments to the Ethics Commission are required to be appointed by each of the following City of Jacksonville governmental officials (one for each): the Mayor, the President of the Council, the Sheriff, the Chief Judge for the Fourth Judicial Circuit, the State Attorney for the Fourth Judicial Circuit, and the Public Defender for the Fourth Judicial Circuit. Each of the Ethics Commission members appointed by the designated City of Jacksonville governmental officials are required to have one or more of the following qualifications: (1) an attorney; (2) a certified public accountant with forensic audit experience; (3) a former elected official; (4) a former judge; (5) a higher education faculty member or former faculty member with experience in ethics; (6) a former law enforcement official with experience in investigating public corruption; (7) a corporate official with a background in

|     | human resources or ethics; (8) a former board government executive with ethics experience. In the event you are not selected by the application will be kept on file with the Offic by the designated City of Jacksonville gappointments.  | Ethics Commiss<br>se of Ethics, Comp               | ion for appointment to the   | Commission, your sible consideration      |
|-----|--|--|--|---|
|     | C. Please select which of the following quamore than one, please check all applicable of   |  | plicable to you, and describe  | e, If you qualify for                     |
|     | attorney  CPA with forensic audit experience former elected official (what/when) former judge bigher education faculty member higher education faculty, former, with efformer law enforcement with experience corporate HR or ethics experience former Board member of a COJ independent former government executive with ethic registered voter of Duval County for six | in investigating padent Authority<br>se experience | • • • • • • • •  | n for confirmation)                       |
|     | If one or more of these categories is checked to previously taught School of Law   |  |  | rida Consta                               |
|     | List any other special qualifications you think as any type of licensure or certification you hold, a belong. Please elaborate in your attached re   | is well as any civic,                              | appointment to the Ethics Comm<br>professional, or political organiz | nission, including<br>zation to which you |
|     | Type or Name of License or Certificate Nu  | mber   | Granting Agency  | Date Granted                              |
|     | State of Fr. Supreme court   | 17508  | Surreme Court  | 10/2005                                   |
|     | State of NJ 2006   | -64515   | Supreme aux  | 04/2006                                   |
|     | Name of Civic, Professional or Political Organization  | Office   | e(s) Hold  | Membership Dates                          |
|     |  |  |  |   |
| 18. | Give any additional information you believe is relaborate in your attached resume.   | we hun   | pointment to the Ethics Commiss                                      | sion. Please                              |
|     | probono expris at Th   | e local au   | Na strue Levels  | re voted,                                 |
|     | to occuse to justice, ust  | read, an   | d These loss forthe  | Nete inom                                 |
|     | Manual the   |  |  |   |

## **Ethical Disclosure**

| 19. | Ethics Commission members are required by Florida law to annually file a limited financial disclosure regarding sources of income (not amounts). Will you file the required annual financial disclosure statements? Yes \( \subseteq \) Yes \( \subseteq \) No |                                       |  |                          |  |  |  |
|-----|--|---------------------------------------|--|--------------------------|--|--|--|
|     | -lave you been a registered lobbyist or have you lobbied at any level of government at any time during the past four years?  |                                       |  |                          |  |  |  |
|     | If yes, did you rece   | ive compensation other                | than reimbursement for expenses?   | ☐ Yes ☐ No               |  |  |  |
|     | Agency Lobbied   | · · · · · · · · · · · · · · · · · · · | Principal(s) Represented   | Dates                    |  |  |  |
| 21. | A. Part III, Chapter B. Chapter 602,   |                                       | you were in violation of:<br>the Code of Ethics for Public Officers and Employees?<br>ode, the Jacksonville Ethics Code? | ☐ Yes ☑ No<br>☐ Yes ☑ No |  |  |  |
|     | <u>Date</u>  | Nature of Violatio                    | n Disac  | sition                   |  |  |  |
| 22. | Have you ever be   |                                       | public office or appointment?  | ☐ Yes ☑ No               |  |  |  |
|     | Title of Office  | Date of Suspension                    | Reason for Suspension Resu   | It (Reinstated/Removed)  |  |  |  |
| 23  |  | or which a fine of \$150 or           | on of any federal, state, county, or municipal law or ordin<br>r less was paid.)   | ance? (Exclude           |  |  |  |
|     | Date   | Place                                 | Nature of Violation  | Disposition              |  |  |  |
|     | ***  |                                       |  |                          |  |  |  |
|     |  |                                       |  |                          |  |  |  |
| 24  | . Have you ever be<br>If yes, please pro   |                                       | rety, performance, or other bond?  | ☐ Yes 💆 No               |  |  |  |
|     | Type of Band   | Insurer or Bond                       | <u>Date</u> Rea  | son(s) Given             |  |  |  |
|     |  |                                       |  |                          |  |  |  |
|     |  |                                       |  |                          |  |  |  |

|     | Do you know any reason may be appointed? If yes, please explain: | why you would not be ab       | le to attend fully to the dutie | es of the office or positi | on to which you Yes X No |
|-----|--|-------------------------------|---------------------------------|----------------------------|--------------------------|
|     |  | Hist                          | tory of Service                 |                            |                          |
| 26. | Have you ever been elect If yes, please provide:                 | ed to any public office in    | Florida?                        |                            | ☐ Yes ☑ No               |
|     | Office Title   | Date of Election              | Term of Office                  | Level of                   | Government               |
|     |  |                               |                                 |                            |                          |
| 27. | Have you previously been   | appointed to any office       | that required confirmation b    | by the Jacksonville City   | Council?                 |
|     | Title of Office  |                               |                                 | Term of Appointment        |                          |
| 28. | Have you ever been emp<br>If yes, please provide:                | loyed by any local gover      | nmental agency in Jackson       | ville/Duval County?        | ☐ Yes ☑ No               |
|     | Position   | Emplo                         | ving Agency                     | <u>Dates c</u>             | of Employment            |
|     |  |                               |                                 |                            | Add the superior         |
| 29. | If you served on an appo<br>meetings, please provide             | inted board, commission,<br>: | , council, or committee, and    | i missed any regulariy s   | scheduled                |
|     | Number of Meetings Attended                                      | Number of Meet                | ings Missed                     | Reason for Absence(s)      |                          |
|     |  |                               |                                 |                            |                          |
|     |  |                               |                                 |                            |                          |

# AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

|                    | Thodas                   | : A               | Daskin              |                         | •   |
|--------------------|--------------------------|-------------------|---------------------|-------------------------|---|
| PLICANT'S FULL     | NAME: LIVEN              | Mid               | Idle DOYM           | Last                    | Suffix(Jr/Sr/NVetc                                |
| IDEN NAME, IF      | APPLICABLE:              |                   |                     |                         |   |
| SIDENTIAL ADD      | RESS:                    |                   |                     |                         |   |
| CE:                | •                        | SEX:              |                     |                         |   |
|                    |                          |                   | ocony of this form  | will he as effective as | the original. Pursuant                            |
| ctions 943.13 (4), | (5), and (7), F.S., Chap | ter 2001-94, Laws | of Florida, disclos | sure of information is  | required unless contra<br>obtainable information. |
| h                  | ) bolis                  | ۱ م               | •                   |                         |   |
| MUMO               | oticant's Signature      | 84                | <del></del>         | Date                    |   |
| App                | ilicants pignature       | V                 |                     |                         |   |
|                    |                          |                   | JS(                 | O use only:             |   |
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|                    | nation will be deleted   | -                 | 41                  | LAGARO                  | / () C  |
| RTH DATE:          | Month/Day/Year           | BIRTH PL          | ACE: VEAU (         | State                   | Country   |
|                    | Data And                 | C7060             |                     |                         | · · · · ·   |
| RIVER LICENSE      | : 15 250401 W            | 57990             | Sta                 |                         |   |

## **CERTIFICATION / AFFIDAVIT**

| STATE OF Florida co   | OUNTY OF DUAL   |
|---|---|
| questions; (2) that the information is complete and true; (3) | fully and personally reviewed the answers to the foregoing ) that he/she executed the foregoing instrument of his/her own therefore, and (4) that he/she will, as appointee, uphoid the |
| Signature of the Applicant                                    | ·   |
| Sworn and subscribed before me this                           | day of October 2018   |
| Folicia Whox Canady   | FELICIA WILCOX CANADY Commission # GG 219908 Expires May 20, 2022 Booded Thes Budget Metary Services  |
| Signature of Notary Public                                    | Print, type, or stamp commissioned name   |
| Personally Known OR Produced Ident                            | Type of identification produced   |