FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **764846** **(2)**

1. Corporation Name

THE FEDERATION OF INNER CITY COMMUNITY ORGANIZATIONS, INC.

Principal Place of Business	Mailing Address
2300 26 STREET SOUTH ST. PETERSBURG FL 33712	2300 26 STREET SOUTH ST. PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FRAZIER, ALMA B.
2300 26 ST. SOUTH
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	FRAZIER, ALMA B.	1.2 NAME	
STREET ADDRESS	2300 26 ST. SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	Johnnie B. Mack ☑ Change ☐ Addition
NAME	JOHNSON, KELVIN	2.2 NAME	
STREET ADDRESS	2861 4TH AVE SOUTH	2.3 STREET ADDRESS	1837 20th ave. S.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg Fl 33712
TITLE	TD	3.1 TITLE	☑ Change ☐ Addition
NAME	YOUNG, KEITH	3.2 NAME	Freddie L. Miller
STREET ADDRESS	2606 1/2 4TH ST SOUTH	3.3 STREET ADDRESS	2350 Center Ct. S
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg Fl 33712
TITLE	SD	4.1 TITLE	☑ Change ☐ Addition
NAME	MILLER, DORETHEA	4.2 NAME	Kelvin Johnson
STREET ADDRESS	808 15TH AVE. SOUTH	4.3 STREET ADDRESS	2861 4th ave S
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg Fl 33712
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	MILLER, FREDDIE	5.2 NAME	Sevell Brown
STREET ADDRESS	2350 CENTER CT S	5.3 STREET ADDRESS	3235 16th ave S
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg Fl 33712
TITLE	M	6.1 TITLE	☑ Change ☐ Addition
NAME	MOODY, ROBERTA	6.2 NAME	Wesley Sheffield
STREET ADDRESS	2236 30TH ST SOUTH	6.3 STREET ADDRESS	1709 Anastasia Way S
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	St. Petersburg Fl 33712

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alma B. Frazier April 17, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ALMA B. FRAZIER

0004730