FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 764846

1. Corporation Name

THE FEDERATION OF INNER CITY COMMUNITY ORGANIZAT IONS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

2300 26 STREET SOUTH ST. PETERSBURG FL 33712

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

2300 26 STREET SOUTH ST. PETERSBURG FL 33712

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90195 016 ****61.25



3. Date Incorporated or Qualifed

NOT APPLICABLE

09/08/1982

4. FEI Number

City & Stat	e	City & State	-e -			5. Certifcate of Status Desired	□ <u> </u>		Additional Required
Zip	Country	Zip	Country		_	6. Election Campaign Financing		\$5.0	0 May Be
¬ ' .		25 29 30		•	Trust Fund Contribution			Added to Fees	
24	9. Name and Address of Current I					10. Name and Address of New F	Registered A	gent	
	or Hame and Places of Control		8	31 Name					
PO 1700 41444 9									
FRAZIER, ALMA B.				32 Street	Addres	ss (P.O. Box Number is Not Accepta	able)		
2300 26 ST. SOUTH				33					
ST. PETERSBURG FL 33712									
			. [8	34 City			FL	85 Zi	p Code
		1047 4500 51-34- 04				ention authorite this atatament for the		hanging	ite registered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change wa	is authorized t	by the com	oration	's board of directors. I hereby accep	t the appoin	tment as	registered
SIGNATURE	स्थान के जिल्हा के किया है। जो जी किया के किया है। किया के किया किया किया			~-					
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (N	IOTE: Registered A	gent signature	required v		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DELETE		1.1 11111	1.1 TITLE				Chang	e Addition
NAME	Frazier, alma B.		1.2 NAM	1.2 NAME					1
STREET ADDRESS	2300 26 ST. SOUTH			EET ADDRESS	3				İ
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY	'-ST-ZIP	<u> </u>				
TITLE	VP □ DELETE		2.1 TITL	2.1 TITLE				Chang	e 🔲 Addition
NAME	BROWN, SEVELL		2.2 NAM	RE .	'				
STREET ADDRESS	AAAA A 415 AA1551		2.3 STR	EET ADDRESS	;				
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY	Y-ST-ZIP					
TITLE	TD	☐ DELETE	3.1 1111	E				Chang	e 🗌 Addition
NAME	MILLER, FREDDIE		3.2 NAM	Œ					
STREET ADDRESS		- · · · ·	3.3 STRI	EET ADDRESS	ş				
CITY-ST-ZIP	ST. PETERSBURG FL		34 CITY	Y-ST-ZIP				·	
TITLE	SD	DELETE			_		_	Chang	e Addition
NAME	JOHNSON, KELVIN	_	4, 2 NAN		[
STREET ADORESS	A-A-4 - A-A-4-4-4-4-4-4-4-4-4-4-4-4-4-4-			··· EET ADORES!					ļ
	ST. PETERSBURG FL			/-\$T-ZIP		•			
CITY-ST-ZIP TITLE	D	DÉLETE			+			☐ Chang	e Addition
NAME	BROWN, SEVELL		5.2 NAM						
		•	5.3 STRI	EET ADDRESS	3				
STREET ADDRESS	•		1	/-ST-ZIP					
CITY-ST-ZIP	ST. PETERSBURG FL	☐ DELETE			+		_	Chang	e Addition
TITLE	M NECES D. MESSIEV		6.2 NAM						, <u> </u>
NAME	SHEFFIELD, WESLEY								ļ
STREET ADDRESS				EET ADORESS	,				ļ
CITY-ST-ZIP	ST. PETERSBURG FL	ALL FILL A		-ST-ZIP	 	nation 110 07/2)/i) Florido Ct-t-t	I further cort	if, that th	e information
14. I hereby	certify that the information supplied with	this ming does not qualify	y for the exem	ipuon state	o in Se	ection 119.07(3)(I), Florida Statutes.	riururer cert f made unde	ny matrih	o monnacion et l'em en

to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation of

Applied For

\$8.75 Additional

Not Applicable