

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90359 015 ****61.25

DOCUMENT # 764846

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3213272

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FRAZIER, ALMA B. | |
| STREET ADDRESS | 2300 26 ST. SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BROWN, SEVELL | |
| STREET ADDRESS | 3235 6 AVE. SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MILLER, FREDDIE | |
| STREET ADDRESS | 2350 SOUTH CENTER ST | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | LEGGETT, KIMBERLY | |
| STREET ADDRESS | 3621 19TH AVENUE SOUTH | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33712 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, SEVELL | |
| STREET ADDRESS | 3235 SOUTH 16TH AVE | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | JOHNSON, KELVIN | |
| STREET ADDRESS | 2561 4TH AVENUE | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |

| | |
|----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employment.

SIGNATURE:

Alma B. Frazier

CR2E037 (9/01)