

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90650 012 \*\*\*\*61.25

**DOCUMENT # 764846**

1. Entity Name

THE FEDERATION OF INNER CITY COMMUNITY  
ORGANIZATIONS, INC.



Principal Place of Business

2300 26 STREET SOUTH  
ST. PETERSBURG FL 33712

Mailing Address

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME FRAZIER, ALMA B.  
STREET ADDRESS 2300 26 ST. SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE **VP** ☐ Delete  
NAME ~~BROWN, SEVELL~~  
STREET ADDRESS ~~3235 6 AVE. SOUTH~~  
CITY-ST-ZIP ~~ST. PETERSBURG FL~~

TITLE **TD** ☐ Delete  
NAME MILLER, FREDDIE  
STREET ADDRESS 2350 SOUTH CENTER ST  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE **VD** ☐ Delete  
NAME BROWN, MARY A  
STREET ADDRESS 2300 26 ST S  
CITY-ST-ZIP SAINT PETERSBURG FL 33712

TITLE **D** ☐ Delete  
NAME ~~BROWN, SEVELL~~  
STREET ADDRESS ~~3235 SOUTH 16TH AVE~~  
CITY-ST-ZIP ~~ST. PETERSBURG FL~~

TITLE **M** ☐ Delete  
NAME JOHNSON, KELVIN  
STREET ADDRESS 2561 4TH AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Kimberly E. Leggett  
STREET ADDRESS 3621 19th Avenue South  
CITY-ST-ZIP St. Petersburg, FL 33711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☒ Change ☐ Addition  
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CITY-ST-ZIP St. Petersburg FL 33711

TITLE ☐ Change ☐ Addition  
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 empowered.

SIGNATURE:

*Alma B. Frazier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 8 / 04*  
Date

Daytime Phone #