


**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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, ALMA B.		NAME	
STREET ADDRESS	2300 26 ST. SOUTH		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Kimberly E. Leggett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SEVELL		NAME	
STREET ADDRESS	3235 6 AVE. SOUTH		STREET ADDRESS	3621 19th Avenue South
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	St. Petersburg, FL 33711
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, FREDDIE		NAME	
STREET ADDRESS	2350 SOUTH CENTER ST		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARY A		NAME	
STREET ADDRESS	2300 26 ST S		STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Kimberly E. Leggett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SEVELL		NAME	
STREET ADDRESS	3235 SOUTH 16TH AVE		STREET ADDRESS	3621 19th Avenue South
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	St. Petersburg FL 33711
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KELVIN		NAME	
STREET ADDRESS	2561 4TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		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: <i>Alma B. Frazier</i>			Date: <i>April 8 / 04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Alma B. Frazier</i>			Daytime Phone #	



MOORE CR2E037 (11/03)