


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
4. FEI Number 59-3213272 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ (NOTE: Registered Agent signature required when terminating) _____ DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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"/> Add
NAME	FRAZIER, ALMA B.	NAME	
STREET ADDRESS	2300 26 ST. SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	400000515730 04/25/06-80223-009 61.25
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LEGGETT, KIMBERLY E	NAME	
STREET ADDRESS	3621 19TH AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LRGGETT, KIMBERLY E	NAME	
STREET ADDRESS	6321 19TH AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 exemptions contained in Section 119, 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* 4 15 06