


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 764846</b> 1. Entity Name <b>THE FEDERATION OF INNER CITY COMMUNITY ORGANIZATIONS, INC.</b>	
---	---

Principal Place of Business <b>2300 26 STREET SOUTH ST. PETERSBURG FL 33712</b>	Mailing Address <b>2300 26 STREET SOUTH ST. PETERSBURG FL 33712</b>
--	--



1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3213272</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
<b>FRAZIER, ALMA B. 2300 26 ST. SOUTH ST. PETERSBURG FL 33712</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State: <b>FL</b> 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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS	
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: LEGGETT, KIMBERLY E STREET ADDRESS: 3621 19TH AVENUE SOUTH CITY-ST-ZIP: SAINT PETERSBURG FL 33711
TITLE	TD <input type="checkbox"/> Delete NAME: MILLER, FREDDIE STREET ADDRESS: 2350 SOUTH CENTER ST CITY-ST-ZIP: ST. PETERSBURG FL
TITLE	VD <input type="checkbox"/> Delete NAME: BROWN, MARY A STREET ADDRESS: 2300 26 ST S CITY-ST-ZIP: SAINT PETERSBURG FL 33712
TITLE	D <input type="checkbox"/> Delete NAME: LRGGETT, KIMBERLY E STREET ADDRESS: 6321 19TH AVENUE SOUTH CITY-ST-ZIP: SAINT PETERSBURG FL 33711
TITLE	M <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: <b>U00000725052 05/03/07-80007-012 61.25</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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      4/19/2007