


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90240 014 ****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
Suite, Apt. #, etc.

3. Mailing Address
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**



CHECK HERE IF MAKING CHANGES

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 _____ (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 Florida Department of State

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	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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Addition
NAME	Brown, Mary A	
STREET ADDRESS	2300 26 St. S	
CITY-ST-ZIP	St. Petersburg FL 33712	
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 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* **4-21-03** 927.327954

CR2E037 (10/02)