

5/7

05-07-2003 90162 001 ****61.25

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

DOCUMENT # **N96000005877**

1. Entity Name
THE INNER CITY FUND, INC.

Principal Place of Business
**15009 N.FLA.AVE
 TAMPA FL 33613**

Mailing Address
**15009 N.FLA.AVE
 TAMPA FL 33613**

2. Principal Place of Business
15009 N. FLA. AVE

Suite, Apt. #, etc.
416

City & State
TAMPA, FL

3. Mailing Address
15009 N. FLA AVE

Suite, Apt. #, etc.
416

City & State
TAMPA, FL

Zip
33613

Country
USA

4. FEI Number **59-3415247**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MCDONALD, RONALD L
 15009 N.FLA.AVE
 SUITE 416
 TAMPA FL 33613**

7. Name and Address of New Registered Agent
**5811 Memorial Hwy
 # 105
 TAMPA, FL 33615**

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]* 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME MCDONALD, RONALD L STREET ADDRESS 40202 MIDDLE LANE CITY-ST-ZIP TAMPA FL 33613	<input type="checkbox"/> Delete	TITLE NAME 4302 middle lane STREET ADDRESS TAMPA, FL 33624 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SNYDEN, RUSSELL STREET ADDRESS 4112 SALT WATER BLVD. CITY-ST-ZIP TAMPA FL 33615	<input type="checkbox"/> Delete	TITLE NAME SNYDER, Russell STREET ADDRESS (SP) CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ROCHELLE, JACKIE STREET ADDRESS 3314 CASWELLS PT RD CITY-ST-ZIP NORTH VI 23513	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowers.

SIGNATURE: *[Signature]* DATE: **8/3 961-5300**

3011 Memorial Hwy
 #105 **55050281**
 TAMPA, FL 33615

CR2E007 (10/02)

Attachment
Inner City Fund

55050441
#N 96000005877

A 501c Not for Profit Charity
5811 Memorial Highway
Suite 105
Tampa, FL 33615
(813) 249-0330 PH (813) 249-0360 Fax

June 18, 2003

Annual Reports Section
Division of Corporations
Po. O. Box 1500
Tallahassee, FL 32302

RE: Letter of June 11, 2003

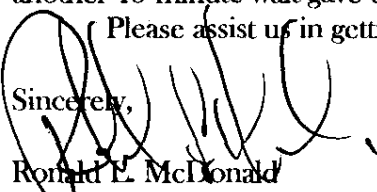
Dear Sir or Madam,

I am afraid that I ma having trouble understanding exactly what it is you require based on the enclosed letter. Your letter indicates that we need 3 Directors or trustees. As you can see there are three persons listed. Ronald L. McDonald, Russell Snyder and Jackie Rochelle. We did make one small correction in the spelling of "Snyder" from the "Snyden" that the original report showed. Next it says that they must be identified with a "D" or "T" next to the name and that we did, we even wrote the word Director next to it after the first letter that was sent by your office.

I don't know why these are not acceptable as shown but this is the third time I am sending this form back to your office. Please advise me if I am not understanding what information it is you require. I tried calling the offices listed on the form (850) 488-9000 and after sitting on the phone for over thirty minutes I was told that I needed to speak to the reinstatement department at (850) 245-6059 and after another 15 minute wait gave up and decided to just write this letter.

Please assist us in getting this straight, we are trying to cooperate.

Sincerely,


Ronald L. McDonald
Director