

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**

4. FEI Number **59-3415247**

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: \_\_\_\_\_

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>MCDONALD, RONALD L</b> <b>40202 MIDDLE LANE</b> <b>TAMPA FL 33613</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4302 middle lane</b> <b>TAMPA, FL 33624</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>SNYDEN, RUSSELL</b> <b>4112 SALT WATER BLVD.</b> <b>TAMPA FL 33615</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SNYDER, Russell</b> <b>(SP)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>ROCHELLE, JACKIE</b> <b>3314 CASWELLS PT RD</b> <b>NORTH VI 23513</b>	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
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 **58050241**  
 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

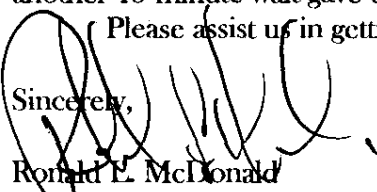
Dear Sir or Madam,

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