

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007999

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC9543986774**

**Entity Name:** ICENTER COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

1117 E HALLANDALE BEACH BLVD  
3  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1117 E HALLANDALE BEACH BLVD  
3  
HALLANDALE BEACH, FL 33009 US

**FEI Number: 27-3332016**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROWN, SARA  
1117 E HALLANDALE BEACH BLVD  
3  
HALLANDALE BEACH, FL 33009 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BROWN, SARA  
Address 1117 E HALLANDALE BEACH BLVD #3  
City-State-Zip: HALLANDALE BEACH FL 33009

Title T  
Name DILAN, LUIS  
Address 1950 NW 10 TER  
City-State-Zip: HOMESTEAD FL 33030

Title D  
Name JENNINGS, KEITH  
Address 2750 N 29 AVE #120  
City-State-Zip: HOLLYWOOD FL 33020

Title VP  
Name WRIGHT, MICHEAL  
Address 10209 SW 20 CT  
City-State-Zip: MIRAMAR FL 33035

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SARA BROWN**

**DIRECTOR**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date