FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90021 024 ****61.25

DOCUMENT # 7512	09
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1. Corporation Name

ROCK ISLAND COMMUNITY DEVELOPMENT, INC.

Principal Place of Business 2900 NORTHWEST 20TH STREET FT. LAUDERDALE FL 33311

Mailing Address

2900 NORTHWEST 20TH STREET FT. LAUDERDALE FL 33311

Principal Place of Business Za. Mailing Address						3. Date Incorporated or Qualifed					
21	** *** *** ***	26				02/25/19					
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number			+	tied For	
22						65-01239	39			Applicable	
City & State City & State 23 28						5. Certificate of	* * * * * * * * * * * * * * * * * * *	\$8.75 Additional Fee Required			
Zip					try 6. Election Campaign Financing \$5.00 May Be						
24 25 29 30					Trust Fund Contribution Added to Fees						
24	9. Name and Address of Curr		11			10. Name and	Address of New R	egistered	Agent		
	,		- 1	B1 N	Name						
HINTON DIGHTON I						(5.0.5.4)		LI-X			
HINTON, RICHARD J				B2 S	Street Addre	ess (P.O. Box Nun	ber is Not Accepta	ые)			
2900 NORTHWEST 20TH STREET				83							
FT. LAUD	ERDALE FL 33311		ľ								
				84 (City			FL	85 Zip C	ode	
									<u> </u>		
11. Pursuant	to the provisions of Sections 617.0 registered agent, or both, in the State	502 and 617.1508, Florida Statute	es, the about the city of the	ove-n hv the	ameo corpo e comoratio	oration submits the	ors. I hereby accep	t the appoi	ntment as rec	istered	
agent. I a	am familiar with, and accept the obli	gations of, Section 617.0503, Flor	rida Statut	es.			,		<u>-</u>		
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable. (NOTE		gent sk	gnature required	t when reinstating)		DATE	IS SISEOTO	50 IN 40	
12.	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/	CHANGES TO OFF	TUERS AN			
πιε	PD .	☐ DELETE	1,1 TITL	Ē	.		•	•	Change	Addition	
NAME	HINTON, RICHARD J.		1.2 NAM	1E							
STREET ADDRESS	s 2900 NORTHWEST 20TH STREET			EET AD	DRESS						
CJTY-ST-ZIP	FT. LAUDERDALE FL 33311		1.4 CITY	Y-ST-ZI	JP						
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NAME	DERICO, JOSEPHINE	•	2.2 NAM	Æ							
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CITY-ST-ZIP	FT LAUDERDALE 33 33311			Y-ST-Z	ZIP						
TITLE	TD DELETE		3.1 TITL	_					☐ Change	Additio	
NAME	TREMBLE, EVELEYN	_	3.2 NAM	Æ							
			1		DORESS						
STREET ADDRESS			3.4. CIT				-				
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TITLE	VD								→ - ··· √ -	_	
NAME	COPELAND, ORIAN	LIDT	4. 2 NA								
STREET ADDRESS	o double inclination and a contract of the con				DORESS		•				
CITY-ST-ZIP	FT LAUDERDALE FL 33311	□ pr:	_	Y-ST-Z	IP		· · · · · · · · · · · · · · · · · · ·		☐ Change	Additio	
TITLE	PAR DELETE		5.1 TITL		1		•		□ Change	س مسان	
NAME	HANKERSON, ERNESTINE		5.2 NAN								
STREET ADDRESS	2145 NORTHWEST 29 TERR/	₹CE			DORESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		5.4 CIT		JP		<u> </u>				
TITLE	SD	☐ DELETE	6.1 TITL						☐ Change	☐ Addition	
NAME	LAMBERT, SADIE		6.2 NAN	Æ							
STREET ADDRESS			6.3 STR	EET AD	DORESS						
	ET LAUDEDDALE EL 22211	•	6.4 CFD	Y-ST-Z	ZP						

14. 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 annual report or supplemental annual 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 receives of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of on an attachapted with an address, with all other like empowered.

SIGNATURE:

MARCH 6, 1999 (954) 6765442