


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90648 050 \*\*\*\*\*70.00

<b>DOCUMENT # 751209</b> 1. Entity Name <b>ROCK ISLAND COMMUNITY DEVELOPMENT, INC.</b>					
Principal Place of Business <b>2220 NW 30TH AVENUE FT. LAUDERDALE FL 33311</b>			Mailing Address <b>2220 NW 30TH AVENUE FT. LAUDERDALE FL 33311</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JONES-FUCE, MILDRED 2220 NW 30TH AVENUE FT. LAUDERDALE FL 33311</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD JONES-FUCE, MILDRED 2220 NW 30TH AVENUE FT. LAUDERDALE FL 33311		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD TREMBLE, EVELEYN 2951 N W 29TH TERR FT LAUDERDALE FL 33311		TITLE	TD Lambert, Sadie 2020 N.W. 30th Way Ft. Lauderdale, Fl. 33311	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD KEARNEY, THOMAS 2111 NW 28TH AVENUE FT LAUDERDALE FL 33311		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	AT YOUNG, ALGERTHA 2684 NW 24TH COURT FT. LAUDERDALE FL 33311		TITLE	AT Benton, Carol 2137 N.W. 27th Lane Ft. Lauderdale, Fl. 33311	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD LAMBERT, SADIE 2020 NW 30TH WAY FT LAUDERDALE FL 33311		TITLE	SD SMOOT, Frances 2167 N.W. 27th Terr. Ft. Lauderdale, Fl. 33311	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	AS SMOOT, FRANCES 2167 NW 27TH TERR FORT LAUDERDALE FL 33311		TITLE	AS Counts, Alene 2791 N.W. 24th St. Ft. Lauderdale, Fl. 33311	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE: Mildred Jones-Fuce</b> <span style="float: right;">4/10/04 954-733-1966</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

04031401



MOORE CR2E037 (11/03)

4. FEI Number **AP-PLIED FOR** Applied For  
Not Applicable

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

**FL** Zip Code