


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0123939</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <span style="float: right;"><b>FL</b></span> 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 re-registering)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES-FUCE, MILDRED</b>			NAME	
STREET ADDRESS	<b>2220 NW 30TH AVENUE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMBERT, SADIE</b>			NAME	
STREET ADDRESS	<b>2020 NW 30TH WAY</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33311</b>			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEARNEY, THOMAS</b>			NAME	
STREET ADDRESS	<b>2111 NW 28TH AVENUE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>			CITY-ST-ZIP	
TITLE	AT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENTON, CAROL</b>			NAME	
STREET ADDRESS	<b>2137 NW 27TH LANE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33311</b>			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMOOT, FRANCES</b>			NAME	
STREET ADDRESS	<b>2167 NW 27TH TERRACE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33311</b>			CITY-ST-ZIP	
TITLE	AS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COUNTS, ALENE</b>			NAME	
STREET ADDRESS	<b>2791 NW 24TH ST</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33311</b>			CITY-ST-ZIP	



1st MOORE CR2E037 (10/06)

4. FEI Number **65-0123939**  
Applied For ☐ Not Applicable ☐

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES-FUCE, MILDRED	
STREET ADDRESS	2220 NW 30TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAMBERT, SADIE	
STREET ADDRESS	2020 NW 30TH WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEARNEY, THOMAS	
STREET ADDRESS	2111 NW 28TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BENTON, CAROL	
STREET ADDRESS	2137 NW 27TH LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMOOT, FRANCES	
STREET ADDRESS	2167 NW 27TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COUNTS, ALENE	
STREET ADDRESS	2791 NW 24TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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04/25/07-80030-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

**SIGNATURE:** *Mildred Jones-Fuce* 4/11/07 954-733-1966