

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751209

FILED
Feb 18, 2009
Secretary of State

Entity Name: ROCK ISLAND COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

2220 NW 30TH AVENUE
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2220 NW 30TH AVENUE
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0123939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES-FUCE, MILDRED
2220 NW 30TH AVENUE
FT. LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES-FUCE, MILDRED
Address: 2220 NW 30TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: TD () Delete
Name: LAMBERT, SADIE
Address: 2020 NW 30TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VD () Delete
Name: KEARNEY, THOMAS
Address: 2111 NW 28TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: AT () Delete
Name: BENTON, CAROL
Address: 2137 NW 27TH LANE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD () Delete
Name: SMOOT, FRANCES
Address: 2167 NW 27TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: AS () Delete
Name: COUNTS, ALENE
Address: 2791 NW 24TH ST
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MILDRED JONES-FUCE

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date