

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  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90002 008 \*\*\*\*61.25

DOCUMENT # N97000003488

1. Corporation Name

THE ISLAND CITY FOUNDATION, INC.

Principal Place of Business  
524 NE 21ST CT  
WILTON MANORS FL 33305

Mailing Address  
524 NE 21ST CT  
WILTON MANORS FL 33305



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

65-0756292

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

EZROL, KERRY L  
C/O JOSIAS, GOREN, CHEROF ET AL  
3099 E COMMERCIAL BLVD, SUITE 200  
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☒ DELETE  
NAME: WILKINSON, KING  
STREET ADDRESS: 524 NE 21ST CT  
CITY-ST-ZIP: WILTON MANORS FL 33305

TVP ☐ DELETE  
NAME: SEILER, JACK  
STREET ADDRESS: 524 NE 21ST CT  
CITY-ST-ZIP: WILTON MANORS FL 33305

T ☐ DELETE  
NAME: PRATT, RICHARD  
STREET ADDRESS: 524 NE 21ST CT  
CITY-ST-ZIP: WILTON MANORS FL 33305

T ☒ DELETE  
NAME: O'GORMAN, GLORIA  
STREET ADDRESS: 524 NE 21ST CT  
CITY-ST-ZIP: WILTON MANORS FL 33305

D ☐ DELETE  
NAME: KEEFE, DANIEL W  
STREET ADDRESS: 524 NE 21 CT  
CITY-ST-ZIP: WILTON MANORS FL 33305

T ☐ DELETE  
NAME: FIORE, JOHN R  
STREET ADDRESS: 524 NE 21 CT  
CITY-ST-ZIP: WILTON MANORS FL 33305

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: TR ☐ Change ☒ Addition  
1.2 NAME: RESNICK, GARY  
1.3 STREET ADDRESS: 524 NE 21ST COURT  
1.4 CITY-ST-ZIP: WILTON MANORS, FL 33305

2.1 TITLE: P ☒ Change ☐ Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-ST-ZIP:

3.1 TITLE: TR ☒ Change ☐ Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:

4.1 TITLE: TR ☐ Change ☒ Addition  
4.2 NAME: FANIZZA, JOANNE  
4.3 STREET ADDRESS: 524 NE 21ST COURT  
4.4 CITY-ST-ZIP: WILTON MANORS, FL 33305

5.1 TITLE:  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:

6.1 TITLE: V ☒ Change ☐ Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:

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 receiver or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL W. KEEFE EXECUTIVE DIRECTOR 1/4/99 (954) 390-2120

Date

Daytime Phone #

CR2E037 (11/98)

0036557