

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003488

FILED
Jan 07, 2004
Secretary of State**Entity Name:** THE ISLAND CITY FOUNDATION, INC.**Current Principal Place of Business:**524 NE 21ST CT
WILTON MANORS, FL 33305**New Principal Place of Business:****Current Mailing Address:**524 NE 21ST CT
WILTON MANORS, FL 33305**New Mailing Address:****FEI Number:** 65-0756292**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****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 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: TR () Delete
Name: RESNICK, GARY
Address: 524 NE 21ST CT
City-St-Zip: WILTON MANORS, FL 33305

Title: ST () Delete
Name: SHERRITT, CRAIG
Address: 524 NE 21ST CT
City-St-Zip: WILTON MANORS, FL 33305

Title: VP () Delete
Name: NEWTON, DONALD S
Address: 524 NE 21ST CT
City-St-Zip: WILTON MANORS, FL 33305

Title: TR () Delete
Name: GALATIS, TED
Address: 524 NE 21ST CT
City-St-Zip: WILTON MANORS, FL 33305

Title: EXD () Delete
Name: GALLEGOS, JOSEPH L
Address: 524 NE 21 CT.
City-St-Zip: WILTON MANORS, FL 33305

Title: P () Delete
Name: STORK, JIM
Address: 524 NE 21 CT.
City-St-Zip: WILTON MANORS, FL 33305

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 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 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: JOSEPH L. GALLEGOS

EXD

01/07/2004

Electronic Signature of Signing Officer or Director

Date