

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000003488**

1. Entity 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



05122006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0756292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. 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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: TR  
NAME: RESNICK, GARY  
STREET ADDRESS: 524 NE 21ST CT  
CITY-ST-ZIP: WILTON MANORS, FL 33305

TITLE: V  
NAME: SHERRITT, CRAIG  
STREET ADDRESS: 524 NE 21ST CT  
CITY-ST-ZIP: WILTON MANORS, FL 33305

TITLE: P  
NAME: NEWTON, DONALD S  
STREET ADDRESS: 524 NE 21ST CT  
CITY-ST-ZIP: WILTON MANORS, FL 33305

TITLE: ST  
NAME: GALATIS, TED  
STREET ADDRESS: 524 NE 21ST CT  
CITY-ST-ZIP: WILTON MANORS, FL 33305

TITLE: EXD  
NAME: GALLEGOS, JOSEPH L  
STREET ADDRESS: 524 NE 21 CT.  
CITY-ST-ZIP: WILTON MANORS, FL 33305

TITLE: TR  
NAME: ANGELO, JOE  
STREET ADDRESS: 524 NE 21 CT.  
CITY-ST-ZIP: WILTON MANORS, FL 33305

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH L. GALLEGOS

May 12, 2006

Date

954-390-2122

Daytime Phone #