


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000003488 1. Entity Name THE ISLAND CITY FOUNDATION, INC.	
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Principal Place of Business 524 NE 21ST CT WILTON MANORS, FL 33305	Mailing Address 524 NE 21ST CT WILTON MANORS, FL 33305
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03132007 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 <input type="checkbox"/>	\$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
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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 registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RESNICK, GARY 524 NE 21ST CT WILTON MANORS, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERRITT, CRAIG 524 NE 21ST CT WILTON MANORS, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWTON, DONALD S 524 NE 21ST CT WILTON MANORS, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GALATIS, TED 524 NE 21ST CT WILTON MANORS, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD GALLEGOS, JOSEPH L 524 NE 21 CT. WILTON MANORS, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ANGELO, JOE 524 NE 21 CT. WILTON MANORS, FL 33305

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03/28/07-80031-018 61.25

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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: Joseph L. Gallegos Executive Director Date 3/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Joseph L. Gallegos