

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003488

FILED  
Jan 05, 2010  
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:**

2020 WILTON DRIVE  
WILTON MANORS, FL 33305

**Current Mailing Address:**

524 NE 21ST CT  
WILTON MANORS, FL 33305

**New Mailing Address:**

2020 WILTON DRIVE  
WILTON MANORS, FL 33305

**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:**

EZROL, KERRY L  
C/O GOREN, CHEROF, DOODY & EZROL, P. A.  
3099 E COMMERCIAL BLVD, SUITE 200  
FT LAUDERDALE, FL 33308 US

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:

01/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RESNICK, GARY  
Address: 2020 WILTON DRIVE  
City-St-Zip: WILTON MANORS, FL 33305

Title: VP  
Name: FLIPPEN, JUSTIN  
Address: 2020 WILTON DRIVE  
City-St-Zip: WILTON MANORS, FL 33305

Title: ST  
Name: GREEN, TOM  
Address: 2020 WILTON DRIVE  
City-St-Zip: WILTON MANORS, FL 33305

Title: D  
Name: GALATIS, TED  
Address: 2020 WILTON DRIVE  
City-St-Zip: WILTON MANORS, FL 33305

Title: D  
Name: NEWTON, SCOTT  
Address: 2020 WILTON DRIVE  
City-St-Zip: WILTON MANORS, FL 33305

Title: EXD  
Name: GALLEGOS, JOSEPH  
Address: 2020 WILTON DRIVE  
City-St-Zip: WILTON MANORS, FL 33305

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH GALLEGOS

EXD

01/05/2010

Electronic Signature of Signing Officer or Director

Date