

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003488

Entity Name: THE ISLAND CITY FOUNDATION, INC.**Current Principal Place of Business:**2020 WILTON DRIVE
WILTON MANORS, FL 33305**Current Mailing Address:**2020 WILTON DRIVE
WILTON MANORS, FL 33305**FEI Number:** 65-0756292**Certificate of Status Desired:** No**Name and Address of Current 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

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

Title	VP
Name	CARSON, JULIE
Address	2020 WILTON DRIVE
City-State-Zip:	WILTON MANORS FL 33305

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

Title	EXD
Name	GALLEGOS, JOSEPH
Address	2020 WILTON DRIVE
City-State-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 L. GALLEGOS

EXD

02/03/2014

Electronic Signature of Signing Officer/Director Detail_____
Date