SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $138 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $208)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:40

DOCUMENT # N03512 (3)

1. Corporation Name
FRIENDS OF GUSMAN CENTER, INC.

Principal Place of Business	Mailing Address
174 EAST FLAGLER ST. MIAMI FL 33131-1104	174 EAST FLAGLER ST. MIAMI FL 33131-1104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1984
3a. Date of Last Report: 10/27/1994
4. FEI Number: 59-2455510 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (27)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HANKERSON, BRIAN S
SHARPTON, BRUNSON & COMPANY
ONE SE THIRD AVENUE, SUITE 2100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: CLYDE WILLIS
82 Street Address (P.O. Box Number is Not Acceptable): SHARPTON,BRUNSON & COMPANY
83: ONE S.E. THIRD AVENUE,SUITE 2100
84 City: MIAMI FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: CLYDE WILLIS, TREASURER — Clyde Willis — August 4, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	NOONAN, BRUCE	1.2 NAME	PAUL THOMPSON	
STREET ADDRESS	2100 CORAL WAY, PH	1.3 STREET ADDRESS	174 E. FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI,FL 33131	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	MURPHY, WILLIAM	2.2 NAME	MARC AUERBACH	
STREET ADDRESS	595 BILTMORE WAY	2.3 STREET ADDRESS	100 S.E. 2 STREET,SUITE 2800	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	MIAMI,FL 33131	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	HANKERSON, BRIAN	3.2 NAME	CLYDE WILLIS	
STREET ADDRESS	1 SE THIRD AVE S2100	3.3 STREET ADDRESS	ONE S.E. THIRD AVENUE,SUITE 2100	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI,FL 33131	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: CLYDE WILLIS, TREASURER — Clyde Willis — AUGUST 4, 1995 — (305)374-1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007607