

FILED
Jan 12, 2004 8:00 am
Secretary of State


01-12-2004 90011 011 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

44001030



01062004 Chg-NP CR2E037 (10/03)

DOCUMENT # N02000007406					
1. Entity Name DARRELL GWYNN FOUNDATION, INC.					
Principal Place of Business 4850 SW 52 STREET DAVIE, FL 33314			Mailing Address 4850 SW 52 STREET DAVIE, FL 33314		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 51-0430447			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAYNE, TODD S ESQ ZEBERSKY & PAYNE LLP 4000 HOLLYWOOD BLVD SUITE 400-N HOLLYWOOD, FL 33021			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GWYNN, JERRY 4850 SW 52 STREET DAVIE, FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GWYNN, LISA 4850 SW 52 STREET DAVIE, FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GWYNN, JOAN 4850 SW 52 STREET DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GWYNN, DARRELL 4850 SW 52 ST DAVIE, FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDELLAH, ROBERT 12532 SPRING VIOLET PLACE CARMEL, IN 46033	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOSSOM, CHARLES 2112 INNSBROOK MEADOW INNSBROOK, MO 63390	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without other like empowered.					
SIGNATURE: <u>Lisa Gwynn</u> Lisa Gwynn 1/8/04 (954) 792-7223 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					