2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# N02000007406

Entity Name: DARRELL GWYNN FOUNDATION, INC.

Current Principal Place of Business:

4850 SW 52 STREET
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4850 SW 52 STREET
DAVIE, FL 33314

New Mailing Address:

FEI Number: 51-0430447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAYNE, TODD S ESQ
ZEBERSKY & PAYNE LLP
4000 HOLLYWOOD BLVD SUITE 400-N
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	GWYNN, JERRY	
Address:	4850 SW 52 STREET	
City-St-Zip:	DAVIE, FL 33314	
Title:	VPT	( ) Delete
Name:	GWYNN, LISA	
Address:	4850 SW 52 STREET	
City-St-Zip:	DAVIE, FL 33314	
Title:	S	( ) Delete
Name:	HURST, ADRIANNE	
Address:	3605 PARK CT	
City-St-Zip:	FORT LAUDERDALE, FL 33332	
Title:	P	( ) Delete
Name:	GWYNN, DARRELL	
Address:	4850 SW 52 ST	
City-St-Zip:	DAVIE, FL 33314	
Title:	D	( ) Delete
Name:	ABDELLAH, ROBERT	
Address:	12532 SPRING VIOLET PLACE	
City-St-Zip:	CARMEL, IN 46033	
Title:	D	( ) Delete
Name:	BLOSSOM, CHARLES	
Address:	2112 INNSBROOK MEADOW	
City-St-Zip:	INNSBROOK, MO 63390	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LISA GWYNN VP 01/27/2005

Electronic Signature of Signing Officer or Director — Date