

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007406

FILED
Feb 19, 2007
Secretary of State

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: S (X) Change () Addition
Name: PAYNE, TODD
Address: 4000 HOLLYWOOD BLVD SUITE 400-N
City-St-Zip: HOLLYWOOD, FL 33021

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 Chapter 119, 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

VPT

02/19/2007

Electronic Signature of Signing Officer or Director

Date