

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007406

FILED  
Feb 17, 2011  
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:**

GWYNN, LISA A  
THE DARRELL GWYNN FOUNDATION  
4850 SW 52 ST  
DAVIE, FL 33314 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: CP  
Name: GWYNN, DARRELL  
Address: 4850 SW 52 STREET  
City-St-Zip: DAVIE, FL 33314

Title: VPT  
Name: GWYNN, LISA  
Address: 4850 SW 52 STREET  
City-St-Zip: DAVIE, FL 33314

Title: S  
Name: PAYNE, TODD  
Address: 4000 HOLLYWOOD BLVD SUITE 400-N  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D  
Name: ABDELLAH, ROBERT  
Address: 12532 SPRING VIOLET PLACE  
City-St-Zip: CARMEL, IN 46033

Title: D  
Name: BLOSSOM, CHARLES  
Address: 2112 INNSBROOK MEADOW  
City-St-Zip: INNSBROOK, MO 63390

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: LISA GWYNN

VPT

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date