

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90134 021 \*\*\*\*61.25

**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

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GWYNN, JERRY</b> <b>4850 SW 52 STREET</b> <b>DAVIE FL 33314</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GWYNN, LISA</b> <b>4850 SW 52 STREET</b> <b>DAVIE FL 33314</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GWYNN, JOAN</b> <b>4850 SW 52 STREET</b> <b>DAVIE FL 33314</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Gwynn, Jerry</b> <b>4850 SW 52 St</b> <b>DAVIE, FL. 33314</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/T</b> <b>Gwynn, Lisa</b> <b>4850 SW 52 St</b> <b>DAVIE, FL. 33314</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Gwynn, Joan</b> <b>4850 SW 52 St</b> <b>DAVIE, FL. 33314</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Gwynn, Darrell</b> <b>4850 SW 52 St</b> <b>DAVIE, FL. 33314</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Abdellah, Robert</b> <b>12532 Spring Violet Place</b> <b>Carmel, IN 46033</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Blossom, Charles</b> <b>2112 Innsbrook Meadow</b> <b>Innsbrook, MO 63390</b>	<input type="checkbox"/> Change <input checked="" 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 all other like empowered.

SIGNATURE:

**Lisa Gwynn** 4/3/03 (954) 792-7223

CR2E037 (10/02)

Attachment

Board of Directors

DOC# 90078380  
NO 2000007406

Dr. Barth Green  
P.O. Box 016960  
Miami, Fl. 33101

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Cliff Pennell  
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James "Bud" Wynne  
2560 SE 12<sup>th</sup> Street  
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