

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03512**

1. Entity Name  
**FRIENDS OF GUSMAN CENTER, INC.**



Principal Place of Business  
**174 EAST FLAGLER ST.  
MIAMI, FL 33131**

Mailing Address  
**25 S.E. 2ND AVENUE  
415  
MIAMI, FL 33131**



08122005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2455510**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WILLIS, CLYDE  
ONE SE THIRD AVENUE  
SUITE 2100  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GUSMAN, BOBBY  
25 SE SECOND AVE, SUITE 415  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WHARTON, MIKE  
174 E. FLAGLER STREET  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILLIS, CLYDE  
1 SE 3 AVENUE, #2100  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NORIEGA, ART  
190 NE 3RD STREET  
MIAMI, FL 33132**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000376363  
08/15/05-80002-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/11/05 305-374-1574**  
Date Daytime Phone #

**CLYDE T WILLIS**