


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**

DO NOT WRITE IN THIS SPACE



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

6. Name and Address of Current Registered Agent
**WILLIS, CLYDE
 ONE SE THIRD AVENUE
 SUITE 2100
 MIAMI, FL 33131**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	

1000000376363
 08/15/05-80002-013 61.25

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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: Clyde T Willis **8/11/05** **305-374-1574**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CLYDE T WILLIS