

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03512

FILED  
Aug 27, 2007  
Secretary of State

Entity Name: FRIENDS OF GUSMAN CENTER, INC.

## Current Principal Place of Business:

174 EAST FLAGLER ST.  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2455510      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

WHARTON, MIKE  
25 S.E. 2ND AVE  
415  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

COX, KENO  
25 S.E. 2ND AVE  
415  
MIAMI, FL 33131 US

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: KENO COX

08/27/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GUSMAN, BOBBY  
Address: 25 SE SECOND AVE, SUITE 415  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: WHARTON, MIKE  
Address: 174 E. FLAGLER STREET  
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete  
Name: WILLIS, CLYDE  
Address: 1 SE 3 AVENUE, #2100  
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete  
Name: NORIEGA, ART  
Address: 190 NE 3RD STREET  
City-St-Zip: MIAMI, FL 33132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LAKE, MARGARET  
Address: 174 E. FLAGLER STREET  
City-St-Zip: MIAMI, FL 33131

Title: D (X) Change ( ) Addition  
Name: COX, KENO  
Address: 174 E. FLAGLER STREET  
City-St-Zip: MIAMI, FL 33131

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 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: KENO COX

TRSR

08/27/2007

Electronic Signature of Signing Officer or Director

Date