

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03512

FILED  
Jun 25, 2009  
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:

169 EAST FLAGLER STREET  
SUITE 837  
MIAMI, FL 33131

## Current Mailing Address:

174 EAST FLAGLER ST.  
MIAMI, FL 33131

## New Mailing Address:

169 EAST FLAGLER STREET  
SUITE 837  
MIAMI, FL 33131

FEI Number: 59-2455510      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

COX, KENO  
174 EAST FLAGLER ST.  
MIAMI, FL 33131      US

## Name and Address of New Registered Agent:

GUSMAN CENTER - ADMIN OFFICE  
169 EAST FLAGLER STREET  
SUITE 837  
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 D. COX

06/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: TD ( ) Delete  
Name: COX, KENO  
Address: 174 E. FLAGLER STREET  
City-St-Zip: MIAMI, FL 33131

Title: PD ( ) Delete  
Name: BLET, MARIA  
Address: 174 E. FLAGLER STREET  
City-St-Zip: MIAMII, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LAKE, MARGARET  
Address: 169 EAST FLAGLER STREET, SUITE 837  
City-St-Zip: MIAMI, FL 33131

Title: TD (X) Change ( ) Addition  
Name: COX, KENO  
Address: 169 EAST FLAGLER STREET, SUITE 837  
City-St-Zip: MIAMI, FL 33131

Title: PD (X) Change ( ) Addition  
Name: BLET, MARIA  
Address: 169 EAST FLAGLER STREET, SUITE 837  
City-St-Zip: MIAMII, FL 33131

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 D. COX

TD

06/25/2009

Electronic Signature of Signing Officer or Director

Date