

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002956

1. Entity Name
GWEN CHERRY PARK FOUNDATION, INC.



Principal Place of Business

1017 N.W. 9TH COURT
MIAMI, FL 33135

Mailing Address

1017 N.W. 9TH COURT
MIAMI, FL 33135



03142006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
65-0690643

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, H T
1017 N.W. 9TH CT.
MIAMI, FL 33135

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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 May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

U00000475970
04/05/06-80038-006 70.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SMITH, H T TRUSTEE
STREET ADDRESS	1017 N.W. 9TH COURT
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	ST
NAME	BLACK, ELAINE TRUSTEE
STREET ADDRESS	6015 NW 7TH AVE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	TT
NAME	SAWYER, JERRY TRUSTEE
STREET ADDRESS	2380 N.W. 66TH ST.
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	TT
NAME	EVERETT, CYNTHIA
STREET ADDRESS	2600 S. DOUGLAS RD.
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Elaine H. Black ELAINE H. BLACK 3/16/06 305-
351-8934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone