

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729960

FILED
Jan 18, 2008
Secretary of State

Entity Name: FOPA CORAL GABLES LODGE #7, INC.

Current Principal Place of Business:

999 PONCE DE LEON BLVD
1045
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON BLVD
1045
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0154228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHADDERTON, TREVOR B CPA
999 PONCE DE LEON BLVD
1045
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CHADDERTON, TREVOR B CPA
Address: 999 PONCE DE LEON BLVD #1045
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Delete
Name: TERRY, KATHY
Address: 999 PONCE DE LEON BLVD., #1045
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: REICO, AUGUSTIN PH.D.
Address: 999 PONCE DE LEON BLVD., #1045
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: GLASSER, AARON
Address: 90 EDGEWATER DR PH-26
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TREVOR B CHADDERTON

TD

01/18/2008

Electronic Signature of Signing Officer or Director

Date