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FILED  
May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734093** (8)  
1. Corporation Name  
**CORAL GABLES POLICE BENEVOLENT ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
<b>7350 CORAL WAY MIAMI FL 33155</b>	<b>7350 CORAL WAY MIAMI FL 33155</b>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

**10/17/1975**

4. FEI Number

**59-1649174**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, WAYNE D  
2801 SALZEDO STREET  
CORAL GABLES FL 33314**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **HARRIS, WAYNE D**  
STREET ADDRESS **2801 SALZEDO STREET**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VPD** ☐ DELETE

NAME **HUDAK, EDWARD J**  
STREET ADDRESS **2801 SALZEDO ST**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☒ DELETE

NAME **MADEVILLE, MARIE**  
STREET ADDRESS **2801 SALZEDO ST**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **T** ☐ DELETE

NAME **SCHWARTZ, LEE**  
STREET ADDRESS **2801 SALZEDO ST**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **NAME, RICHARD**  
1.3 STREET ADDRESS **2801 SALZEDO STREET**  
1.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **SAME AS BLOCK 12**  
2.3 STREET ADDRESS **VPD**  
2.4 CITY-ST-ZIP

3.1 TITLE **SECRETARY** ☒ Change ☐ Addition

3.2 NAME **HARRIS, WAYNE D.**  
3.3 STREET ADDRESS **2801 SALZEDO STREET**  
3.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

4.1 TITLE **TREASURER** ☐ Change ☐ Addition

4.2 NAME **SCHWARTZ, LEE**  
4.3 STREET ADDRESS **2801 SALZEDO ST**  
4.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Wayne D. Harris** **March 11, 1998** **305 460-9456**

CR2E037 (10/97)