

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 14, 2007
Secretary of State**

DOCUMENT# N06000011654

Entity Name: CORAL GABLES FIRE DEPARTMENT EXPLORER POST 0349 INC.

Current Principal Place of Business:

2815 SALZEDO ST
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2815 SALZEDO ST
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 16-1772048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOOCH, GUY
2815 SALZEDO ST
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: D () Delete
Name: GOOCH, GUY
Address: 2815 SALZEDO ST
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: GRIFFITH, DON
Address: 2815 SALZEDO ST
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: VARGUS, DAVID
Address: 2815 SALZEDO ST
City-St-Zip: CORAL GABLES, FL 33134

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GUY GOOCH

D

03/14/2007

Electronic Signature of Signing Officer or Director

_____ Date