## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N08000006105

Entity Name: MIAMI GARDENS FOP LODGE #82 INC.

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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1020 NW 163 DRIVE 1020 NW 163RD DR

MIAMI GARDENS, FL 33169 MIAMI GARDENS, FL 33169 US

Current Mailing Address: New Mailing Address:

PO BOX 293161 PO BOX 694363

DAVIE, FL 33329 MIAMI GARDENS, FL 33269 US

FEI Number: 26-2908271 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KANNER, DAN ESQ 4050 W. BROWARD BOULEVARD PLANTATION, FL 33317 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:

Clashania Cinnahura of Deviatora d Assort

#### Electronic Signature of Registered Agent

# Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

#### **OFFICERS AND DIRECTORS:**

( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 BAMFORD, WILLIAM
 Name:
 BAMFORD, WILLIAM

 Address:
 PO BOX 293161
 Address:
 PO BOX 293161

 City-St-Zip:
 DAVIE, FL 33329 US
 City-St-Zip:
 DAVIE, FL 33329 US

Title: D ( ) Delete Title: SEC (X) Change ( ) Addition Name: LEVINE, DANA Name: LEVINE, DANA

Address: PO BOX 293161 Address: PO BOX 694363

City-St-Zip: DAVIE, FL 33329 US City-St-Zip: MIAMI GARDENS, FL 33269 US

 Title:
 D () Delete
 Title:
 TREA (X) Change () Addition

 Name:
 MASSOP, ALBERT
 Name:
 SPANO, ROBERT

 Address:
 PO BOX 293161
 Address:
 PO BOX 694363

City-St-Zip: DAVIE, FL 33329 US City-St-Zip: MIAMI GARDENS, FL 33269 US

Title: ( ) Delete Title: VP ( ) Change (X) Addition

Name: KOLACKOVSKY, STEVEN

Address: Address: PO BOX 694363

City-St-Zip: City-St-Zip: MIAMI GARDENS, FL 33269 US

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: ROBERT SPANO TREA 01/21/2009