

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21606** (1)

1. Corporation Name

CORAL GABLES FRATERNAL ORDER OF POLICE LODGE #7 INC.



Principal Place of Business

Mailing Address

225 MALAGA AVENUE
CORAL GABLES FL 33134
US

P.O. BOX 141596
CORAL GABLES FL 33114-1596

3. Date Incorporated or Qualified
07/17/1987

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2158232

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLAUSNER, ROBERT
8565 TAFT STREET
SUITE 200
HOLLYWOOD FL 33024**

81 Name **DONALD G. HOLMES**
82 Street Address (P.O. Box Number is Not Acceptable)
225 MALAGA AVENUE
83
84 City **CORAL GABLES FL** 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 617.0502 and 617.508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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

DONALD G. HOLMES, PRESIDENT

DATE

1/17/96

(NOTE: Registered Agent signature required when re-staffing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLMES, DONALD	
STREET ADDRESS	225 MALAGA AVENUE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARTA, BART	
STREET ADDRESS	225 MALAGA AVENUE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DRINKUT, TERRY	
STREET ADDRESS	225 MALAGA AVENUE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAUBLITZ, MERRITT	
STREET ADDRESS	225 MALAGA AVENUE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD DONALD & MOORE
2.3 STREET ADDRESS	225 MALAGA AVENUE
2.4 CITY - ST - ZIP	CORAL GABLES, FL 33134
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

1/17/96

Date

305-446-1593

Daytime Phone #

CR2E037 (12/95)