

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
01/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2158232

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLMES, DONALD G  
225 MALAGA AVENUE  
SUITE 200  
CORAL GABLES FL 33134

81 Name Samuel Whitley  
82 Street Address (P.O. Box Number is Not Acceptable)  
225 Malaga Ave.  
83  
84 City Coral Gables, Florida FL 85 Zip Code 33134

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 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 Samuel Whitley, President

01/20/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HOLMES, DONALD  
STREET ADDRESS 225 MALAGA AVENUE  
CITY-ST-ZIP CORAL GABLES FL  DELETE

1.1 TITLE PD  
1.2 NAME Samuel Whitley  
1.3 STREET ADDRESS 225 Malaga Ave.  
1.4 CITY-ST-ZIP Coral Gables, Fl. 33134  Change  Addition

TITLE VD  
NAME MOORE, DONALD G  
STREET ADDRESS 225 MALAGA AVENUE  
CITY-ST-ZIP CORAL GABLES FL  DELETE

2.1 TITLE VD  
2.2 NAME Edward Hudak  
2.3 STREET ADDRESS 225 Malaga Ave.  
2.4 CITY-ST-ZIP Coral Gables, Fl. 33134  Change  Addition

TITLE SD  
NAME DRINKUT, TERRY  
STREET ADDRESS 225 MALAGA AVENUE  
CITY-ST-ZIP CORAL GABLES FL  DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  Change  Addition

TITLE TD  
NAME BAUBLITZ, MERRITT  
STREET ADDRESS 225 MALAGA AVENUE  
CITY-ST-ZIP CORAL GABLES FL  DELETE

4.1 TITLE TD  
4.2 NAME Jose Baez  
4.3 STREET ADDRESS 225 Malaga Ave.  
4.4 CITY-ST-ZIP Coral Gables, Fl. 33134  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  Change  Addition

14. I do 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: Samuel Whitley, President

01/20/97

1 (888) 367-5634

CR2E037 (9/96)