

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90133 038 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21606**

1. Corporation Name

**CORAL GABLES FRATERNAL ORDER OF POLICE LODGE #7 INC.**

Principal Place of Business

225 MALAGA AVENUE  
 CORAL GABLES FL 33134  
 US

Mailing Address

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

1 2 3 4 5 6  
 \* 3 334276-90009-70 \*



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/17/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2158232
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	29
30	30	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing
Whitley, Samuel		<input type="checkbox"/> \$5.00 May Be Added to Fees
225 MALAGA AVE		Trust Fund Contribution
CORAL GABLES FL 33134		
10. Name and Address of New Registered Agent		
81 Name		
Walter Rogers, Jr.		
82 Street Address (P.O. Box Number is Not Acceptable)		
225 Malaga Ave.		
83		
84 City		
Coral Gables		
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: Walter Rogers, Jr. **Walter Rogers, Jr. - President** 01/29/99  
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 <input type="checkbox"/> DELETE	1.1 TITLE	PD President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLEY, SAMUEL	1.2 NAME	Walter Rogers, Jr.
STREET ADDRESS	225 MALAGA AVENUE	1.3 STREET ADDRESS	225 Malaga Ave.
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRINKUT, TERRY	2.2 NAME	Terry Brinkut
STREET ADDRESS	225 MALAGA AVENUE	2.3 STREET ADDRESS	225 Malaga Ave.
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HJDAK, EDWARD	3.2 NAME	Lee Schwartz
STREET ADDRESS	225 MALAGA AVE	3.3 STREET ADDRESS	225 Malaga Ave.
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAEZ, JOSE	4.2 NAME	John Baublitz
STREET ADDRESS	225 MALAGA AVE	4.3 STREET ADDRESS	225 Malaga Ave.
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Walter Rogers **SIGNATURE REQUIRED** 01/29/99 (305) 446-6703  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)