

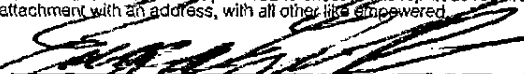


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # N21606 1. Entity Name CORAL GABLES FRATERNAL ORDER OF POLICE LODGE #7 INC. | |  |
| Principal Place of Business 265 SEVILLA AVE SECOND FLOOR CORAL GABLES, FL 33134 US | Mailing Address 265 SEVILLA AVE SECOND FLOOR CORAL GABLES, FL 33134 US |  |
| DO NOT WRITE IN THIS SPACE | | 01112006 No Chg-NP CR2E037 (11/05) |
| 6. Name and Address of Current Registered Agent GIBBONS, EUGENE 265 SEVILLA AVE CORAL GABLES, FL 33134 | | DO NOT WRITE IN THIS SPACE |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000419187 02/14/06-80036-021 70.00 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GIBBONS, EUGENE 265 SEVILLA AVE CORAL GABLES, FL 33134 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DRINKUT, TERRY 265 SEVILLA AVE MIAMI, FL 33134 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HOFF, RANDY 265 SEVILLA AVE CORAL GABLES, FL 33134 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DIAZ, AGUSTIN 265 SEVILLA AVE CORAL GABLES, FL 33134 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ _____ | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ _____ | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE:  | | Date: 01/30/06 (25) 446-6703 x22 Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |