

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 12, 2007
Secretary of State**

DOCUMENT# N21606

Entity Name: CORAL GABLES FRATERNAL ORDER OF POLICE LODGE #7 INC.

Current Principal Place of Business:

265 SEVILLA AVE
SECOND FLOOR
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

265 SEVILLA AVE
SECOND FLOOR
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-2158232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIBBONS, EUGENE
265 SEVILLA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIBBONS, EUGENE
Address: 265 SEVILLA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: DRINKUT, TERRY
Address: 265 SEVILLA AVE
City-St-Zip: MIAMI, FL 33134

Title: VD () Delete
Name: HOFF, RANDY
Address: 265 SEVILLA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: DIAZ, AGUSTIN
Address: 265 SEVILLA AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BARROW, WILLIAM
Address: 265 SEVILLA AVE
City-St-Zip: MIAMI, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EUGENE GIBBONS

PD

02/12/2007

Electronic Signature of Signing Officer or Director

Date