2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# P02000056105

Entity Name: CORAL GABLES FRATERNAL ASSOCIATION, INC.

Current Principal Place of Business:

441 N.W. 41 AVE.
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

441 N.W. 41 AVE.
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GARRETT, LEWIS B
441 NW 41 AVE
COCONUT CREEK, FL 33066

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GARRETT, LEWIS B
Address: 441 NW 41 AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: T ( ) Delete
Name: GARRETT, PATRICIA A
Address: 441 NW 41 AVE.
City-St-Zip: COCONUT CREEK, FL 33066

Title: V ( ) Delete
Name: GARRETT, CHARLES W
Address: 1314 ROUNDHOUSE CT.
City-St-Zip: SEVERN, MD 21144

Title: V ( ) Delete
Name: ACHESON, JANET D
Address: 18531 SW 267 STREET
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS B GARRETT P 04/28/2003

Electronic Signature of Signing Officer or Director — Date