

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010180

**Entity Name:** SOUTH MIAMI POLICE FOP LODGE 179, INC.

**Current Principal Place of Business:**

2101 S.W. 97 COURT  
MIAMI, FL 33165

**Current Mailing Address:**

P.O. BOX 430457  
SOUTH MIAMI, FL 33243-0457 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOPEZ, JOSE  
2101 SW 97 COURT  
MIAMI, FL 33165 US

*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

**Officer/Director Detail :**

Title P  
Name LOPEZ, JOSE  
Address P.O. BOX 430457  
City-State-Zip: SOUTH MIAMI FL 33243-0457

Title VP  
Name WAGNER, DARBY  
Address P.O. BOX 430457  
City-State-Zip: SOUTH MIAMI FL 33243-0457

Title S  
Name CELAYA, ADRIANE  
Address P.O. BOX 430457  
City-State-Zip: SOUTH MIAMI FL 33243-0457

Title T  
Name JAMES, RICHMOND  
Address P.O. BOX 430457  
City-State-Zip: SOUTH MIAMI FL 33243-0457

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSE LOPEZ

**PRESIDENT**

**04/20/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date