

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N21606

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

FILED
Jun 20, 2024
Secretary of State
0318486821CC

Current Principal Place of Business:

265 SEVILLA AVE
SECOND FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

265 SEVILLA AVE
SECOND FLOOR
CORAL GABLES, FL 33134 US

FEI Number: 59-2158232

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHALLENGER, CHRISTOPHER
265 SEVILLA AVE
CORAL GABLES, FL 33134 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: CHRISTOPHER CHALLENGER

06/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CHALLENGER, CHRISTOPHER
Address 265 SEVILLA AVE
 SECOND FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VICE PRESIDENT
Name CRAMER, JOSEPH
Address 265 SEVILLA AVE
 SECOND FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name REINOSO, KLAUS
Address 265 SEVILLA AVE
 SECOND FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name CASTANEDA, EDUARDO
Address 265 SEVILLA AVE
 SECOND FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title STATE TRUSTEE
Name ZACCHEO, VELIER
Address 265 SEVILLA AVE
 SECOND FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title CHAPLAIN
Name IZQUIERDO, LEANDRO
Address 265 SEVILLA AVE
 SECOND FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title OUTER GUARD
Name MOLINA, JAMES
Address 265 SEVILLA AVE
 SECOND FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title INNER GUARD
Name SOTOLONGO, DANIEL
Address 265 SEVILLA AVE
 SECOND FLOOR
City-State-Zip: CORAL GABLES FL 33134

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: KLAUS REINOSO

TREASURER

06/20/2024

Electronic Signature of Signing Officer/Director Detail

Date