

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 716459 (3)

1. Corporation Name

J.W. DUNN LODGE NO. 37, INC.



Principal Place of Business

Mailing Address

1049 JULIA DR.
 P.O. BOX 789
 MELBOURNE FL 32935-4210

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 P.O. BOX 789
 MELBOURNE FL 32935-4210

3. Date Incorporated or Qualified **04/25/1969** 3a. Date of Last Report **03/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1049 JULIA DR.**

26 **FRATERNAL ORDER OF POLICE**

4. FEI Number **59-1638054**

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **P.O. Box 360789**

27 **P.O. Box 360789**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

23 **MELBOURNE, FL.**

28 **MELBOURNE, FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **32936-0789** 25 **U.S.** 29 **32936-0789** 30 **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KING, RONALD R
 1642 PINE HILL DR
 MELBOURNE FL 32935**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SARVER, ROBERT A.	
STREET ADDRESS	552 SACRE COEUR DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KING, RONALD R	
STREET ADDRESS	1642 PINE HILL DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NICHOLS, DENNIS L.	
STREET ADDRESS	2640 LEEWOOD BLVD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALBAN, HENRY M (TRUSTEE)	
STREET ADDRESS	1525 SALAZAR ST. S.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GORDON, JACK	
STREET ADDRESS	1915 RADNOR DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **D. G. WICKS** 7-26-96 407-259-1211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)