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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716459 (3)
1. Corporation Name
J.W. DUNN LODGE NO. 37, INC.



Principal Place of Business		Mailing Address	
1063 JULIA DRIVE P.O. BOX 360789 MELBOURNE FL 32936-0789 US		FRATERNAL ORDER OF POLICE P.O. BOX 360789 MELBOURNE FL 32936-0789 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

3. Date Incorporated or Qualified	04/25/1969	
4. FEI Number	59-1638054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUGUAY, LAWRENCE R. 1351 LAMPLIGHTER DRIVE NW PALM BAY FL 32907				81 Name	Same		
				82 Street Address (P.O. Box Number Is Not Acceptable)	1063 Julia Drive		
				83			
				84 City	Melbourne	85 State	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GORDON, JACK C.	1.2 NAME	Gordon, Jack C.
STREET ADDRESS	1915 RANDOR DRIVE	1.3 STREET ADDRESS	1063 Julia Drive
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	S	2.1 TITLE	S
NAME	DUGUAY, LAWRENCE R.	2.2 NAME	Duguay, Lawrence R.
STREET ADDRESS	1351 LAMPLIGHTER DRIVE NW	2.3 STREET ADDRESS	1063 Julia Drive
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	TD	3.1 TITLE	TD
NAME	NICHOLS, DENNIS L.	3.2 NAME	Nichols, Dennis L.
STREET ADDRESS	2640 LEEWOOD BLVD.	3.3 STREET ADDRESS	1063 Julia Drive
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	VD	4.1 TITLE	VD
NAME	COX, CHARLIE	4.2 NAME	Cox, Charlie
STREET ADDRESS	413 ORLOV ROAD	4.3 STREET ADDRESS	1063 Julia Drive
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jack C. Gordon* 02-23-98 (407) 259-1886

CFR2037 (10/97)