

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90013 026 ****70.00

DOCUMENT # 716459

1. Entity 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 32912-0576
 US

2. Principal Place of Business

3. Mailing Address

1063 Julia Drive

P.O. Box 120576

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

West Melbourne, FL

4. FEI Number

59-1638054

Applied For

Not Applicable

Zip

32936

Country

USA

Zip

32912

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DUGUAY, LAWRENCE R.
 1063 JULIA DR
 MELBOURNE FL 32935~~

Cox, Charlie
 1063 Julia Drive
 Melbourne, FL 32935

Name

Cox, Charlie

Street Address (P.O. Box Number is Not Acceptable)

1063 Julia Drive

City

Melbourne

FL

Zip Code

32935

8. 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

Charlie Cox

Charlie Cox Presd.

3/7/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME GORDON, JACK C
 STREET ADDRESS 1063 JULIA DR
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE PD Change Addition
 NAME Cox, Charlie
 STREET ADDRESS 1063 Julia Dr.
 CITY-ST-ZIP Melbourne, FL 32935

TITLE S Delete
 NAME DUGUAY, LAWRENCE R
 STREET ADDRESS ~~1063 JULIA DR~~
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE VD Change Addition
 NAME Gordon, Jack C.
 STREET ADDRESS 1063 Julia Dr.
 CITY-ST-ZIP Melbourne, FL 32935

TITLE TD Delete
 NAME NICHOLS, DENNIS L
 STREET ADDRESS 1063 JULIA DR
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE S Change Addition
 NAME Meier, Jane
 STREET ADDRESS 1063 Julia Dr.
 CITY-ST-ZIP Melbourne, FL 32935

TITLE VD Delete
 NAME COX, CHARLIE
 STREET ADDRESS 1063 JULIA DR
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE TD Change Addition
 NAME Wiebe, Charles
 STREET ADDRESS 1063 Julia Dr.
 CITY-ST-ZIP Melbourne, FL 32935

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlie Cox
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00
 Date

321 868-1115
 Daytime Phone #

CRE037 (9/99)