

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90204 014 \*\*\*\*70.00

**40024637**



02182005 Chg-NP CR2E037 (10/03)

DOCUMENT # 716459					
1. Entity Name J.W. DUNN LODGE NO. 37, INC.					
Principal Place of Business 1063 JULIA DRIVE MELBOURNE, FL 32936-0789 US		Mailing Address P O BOX 120576 W. MELBOURNE, FL 32912 US			
2. Principal Place of Business <i>1049 Julia Drive</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Melbourne, FL</i>		City & State		4. FEI Number 59-1638054	
Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip <i>32935</i>		Country <i>USA</i>		Zip Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COX, CHARLIE 1063 JULIA DR MELBOURNE, FL 32935			Name <i>Same</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>1049 Julia Drive</i>		
			City <i>Melbourne</i> FL Zip Code <i>32935</i>		
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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JACK C		NAME	<i>Gordon, Jack C</i>	
STREET ADDRESS	1063 JULIA DR		STREET ADDRESS	<i>1049 Julia Dr.</i>	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	<i>Melbourne, FL 32935</i>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIER, JANE		NAME	<i>Meier, Jane</i>	
STREET ADDRESS	1063 JULIA DR		STREET ADDRESS	<i>1049 Julia Dr</i>	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	<i>Melbourne, FL 32935</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEBE, CHARLES		NAME	<i>Wiebe, Charles</i>	
STREET ADDRESS	1063 JULIA DR		STREET ADDRESS	<i>1049 Julia Dr.</i>	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	<i>Melbourne, FL 32935</i>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, CHARLIE		NAME	<i>Cox, Charlie</i>	
STREET ADDRESS	1063 JULIA DR		STREET ADDRESS	<i>1049 Julia Dr.</i>	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	<i>Melbourne, FL 32935</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Jack C. Gordon</i>		Jack C. Gordon		2-18-05 321-409-2214	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	