FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600003221 (6)

J.R. DUNN CHARITIES, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

Sich A Dawle William address.

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5130 N.E. 31ST AVENUE LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

Sufte, Apt. #, etc.

Otty & State

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5130 N.E. 31ST AVENUE LIGHTHOUSE POINT FL 33064-7839

FILED Apr 23 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 06/17/1996

5. Certificate of Status Desired

6. Election Campaign Financing

14/11/97

Trust Fund Contribution

4. FEI Number

Zip	Country	Zip	Countr			8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30			Florida Statutes	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			 	B1	Name		
MCLAUGHLIN, GREGORY A 110 S.E. 6TH CT. 28TH FLOOR				B2	2 Street Address (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33301				B3			
			<u> </u>	84	City	85 Zip Code	
·						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							
12.	Signature, typed or printed name of registered agent OFFICERS AND		IE: Rogistered	Agen	it signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OFFICERS AND	DELETE	1.1 TITL	г		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DUNN, JAMES R		1.2 NAN			C owner C Auditor	
STREET ADDRESS	PARK NE NACE NACE				ADDRESS		
CITY-ST-ZIP	HOLEHOUSE BOILE EL BOSON		1.4 CITY				
TITLE	D	DELETE	21 TITLE		- 211	Change Addition	
NAME	DUNN, ANN M		2.2 NAA	ΛE	Ì		
STREET ADDRESS	5130 N.E. 31ST AVE.			3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			Y - ST	r-ZIP		
TITLE	D	☐ DELETE	3 1 TITL	.E		☐ Change ☐ Addition	
NAME	PELLICCIA, ROBERT		3.2 NAN	ΛE			
STREET ADDRESS				EETA	ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064 34.0			Y-SI	r - ZIP		
TITLE		DELETE 4.1				Change Addition	
NAME]			4. 2 NA	ME			
STREET ADDRESS	438		4.3 STR	EET A	NDDRESS		
CITY-ST-ZIP			4.4 C(T)		- ZIP		
TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition	
NAME			5.2 NAN	ΛE			
STREET ADDRESS			5.3 STR	EET A	NDDRESS		
CITY-ST-ZIP		·	5.4 C(T)		- ZIP		
TITLE		☐ DELETE	6.1 TITL	_		☐ Change ☐ Addition ☐	
NAME			6.2 NAN	-]		
STREET ADDRESS			4		ADDRESS		
CITY-ST-ZIP	w partifu that the information are to d	with this filles does not a val	6.4 CITY			in Contine 110 07/20/6) Florido Ctatute - 1 f	
14. I do 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.							