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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90056 002 \*\*\*\*61.25

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1. Corporation Name

J.R. DUNN CHARITIES, INC.

Principal Place of Business

4210 N. Federal Hwy.  
LIGHTHOUSE POINT FL 33064

Mailing Address

4210 N. Federal Hwy.  
LIGHTHOUSE POINT FL 33064



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number

91-1811772

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MCLAUGHLIN, GREGORY A  
110 S.E. 6TH CT. 15TH FLOOR  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME DUNN, JAMES R

STREET ADDRESS 5130 N.E. 31ST AVE.

CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE D ☐ DELETE

NAME DUNN, ANN M

STREET ADDRESS 5130 N.E. 31ST AVE.

CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE D ☐ DELETE

NAME PELLICCIA, ROBERT

STREET ADDRESS 5130 N.E. 31ST AVE.

CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Dunn, James R.

1.3 STREET ADDRESS 4210 N. Federal Hwy.

1.4 CITY-ST-ZIP Lighthouse Pt, FL 33064

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Dunn, Ann M.

2.3 STREET ADDRESS 4210 N. Federal Hwy.

2.4 CITY-ST-ZIP Lighthouse Pt, FL 33064

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Pelliccia, Robert

3.3 STREET ADDRESS 4210 N. Federal Hwy.

3.4 CITY-ST-ZIP Lighthouse Pt, FL 33064

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Date

954-782-7799

Daytime Phone #

CR2E037 (1/198)