

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90013 001 \*\*\*\*61.25

DOCUMENT # N96000003221

1. Entity 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



07132004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

91-1811772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME DUNN, JAMES R  
STREET ADDRESS 4210 N FEDERAL HWY  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE D  
NAME DUNN, ANN MARIE  
STREET ADDRESS 4210 N FEDERAL HWY  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE D  
NAME PELLICCIA, ROBERT  
STREET ADDRESS 4210 N FEDERAL HWY  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/04

Date

954782-7799

Daytime Phone #