

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**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



01152007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
91-1811772

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

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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 reissuing)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

UD00000664111  
03/22/07-80030-023 61.25

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/8/07

Date

Daytime Phone #

954-782-5000