


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 726393
 1. Entity Name
J. M. RUBIN FOUNDATION, INC.



Principal Place of Business 505 S FLAGLER DR SUITE 1320 W PALM BEACH, FL 33401 US	Mailing Address 505 S FLAGLER DR SUITE 1320 WEST PALM BEACH, FL 33401 US
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03162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1958240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GART, DAVID A.
 ONE CLEAR LAKE CENTER, STE 500
 250 AUSTRALIAN AVE SOUTH
 WEST PALM BEACH, FL 33401**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution... **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, ROBERT T 5002 SABRELINE TERRACE GREENACRED, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARPER, MARY 630 OCEAN DRIVE, #103 JUNO BEACH, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, KIMBERLY L 227 PURTAN RD WEST PALM BCH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/07/05-80070-021 61.25

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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: Robert T. Owens, PRES. **3/16/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #