

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2006  
Secretary of State**

DOCUMENT# 726393

Entity Name: J. M. RUBIN FOUNDATION, INC.

**Current Principal Place of Business:**

505 S FLAGLER DR  
SUITE 1320  
W PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

505 S FLAGLER DR  
SUITE 1320  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 59-1958240      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OWENS, ROBERT T  
Address: 5002 SABRELINE TERRACE  
City-St-Zip: GREENACRED, FL 33463

Title: VD ( ) Delete  
Name: HARPER, MARY  
Address: 630 OCEAN DRIVE, #103  
City-St-Zip: JUNO BEACH, FL 33469

Title: TD ( ) Delete  
Name: HARRIS, KIMBERLY L  
Address: 227 PURITAN RD  
City-St-Zip: WEST PALM BCH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: OWENS, ROBERT T  
Address: 12529 EQUINE LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: HARRIS, KIMBERLY L  
Address: 227 PURITAN RD  
City-St-Zip: WEST PALM BCH, FL 33405

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T. OWENS

PRES

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date