

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726393

FILED
Jan 29, 2008
Secretary of State

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:

New Mailing Address:

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

Current Mailing Address:

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

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: 12529 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414

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 33405

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: VD (X) Change () Addition
Name: HARPER, MARY S
Address: 630 OCEAN DRIVE, #103
City-St-Zip: JUNO BEACH, FL 33469

Title: TD (X) Change () Addition
Name: HARRIS, KIMBERLY L
Address: 535 WICKSTONE PLACE
City-St-Zip: ALPHARETTA, GA 30004

I hereby certify that the information supplied with this filing does not qualify 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

PD

01/29/2008

Electronic Signature of Signing Officer or Director

Date