

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726393

FILED
Jan 15, 2009
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:

Current Mailing Address:

505 S FLAGLER DR
SUITE 1320
W 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:

CORPORATION COMPANY OF MIAMI (DAG)
525 OKEECHOBEE BLVD., SUITE 1100
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 S
Address: 630 OCEAN DRIVE, #103
City-St-Zip: JUNO BEACH, FL 33469

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: GRIFFIN, EDWARD R
Address: 8209 SPYGLASS DRIVE
City-St-Zip: WEST PALM BEACH, FL 33412

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

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date