

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726393

**FILED**  
**Jan 04, 2010**  
**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  
Name: OWENS, ROBERT T  
Address: 12529 EQUINE LANE  
City-St-Zip: WELLINGTON, FL 33414

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT T. OWENS

PRES

01/04/2010

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

\_\_\_\_\_  
Date