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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N39761 (4)
 1. Corporation Name
DUNBAR CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 12100 SE LANTANA AVE, HOBE SOUND FL 33455, US
 Mailing Address: 12100 SE LANTANA AVE, HOBE SOND FL 33455, US

3. Date incorporated or Qualified: **08/29/1990**
 3a. Date of Last Report: **02/15/1994**
 4. FEI Number: **65-0216826**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24
 25
 26 P. O. Box 8233
 27 Suite, Apt. #, etc.
 28 Hobe Sound, FL
 29 33475
 30 USA

9. Name and Address of Current Registered Agent
BAUER, MARY JANE
4962 S.E. INKWOOD WAY
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Mary Jane Bauer* **Mary Jane Bauer, Treasurer** **Jan. 24, 1995**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, EMMALINE 8517 SE FERN ST. HOBE SOUND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, SHELLIA 12382 SE LANTANA AVE HOBE SOUND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, SUSAN 8743 SE FAIRWINDS WAY HOBE SOUND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUER, MARY J 6942 SW INKWOOD WAY HOBE SOUND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARLON 904 BAYOU AVE STUART FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CHARLES 5 CALLER SERVICE STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Florence Blatch 7857 S. E. Kingsway St. Hobe Sound, FL 33455
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5843 S.E. Riverboat Dr. #418 Stuart, FL 34997-1510
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D. MILLER, ALFRED P. O. BOX 8275 <i>n/a</i> HOBE SOUND FL 33475 <i>Stall</i>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Jane Bauer* **Mary Jane Bauer** **Treasurer** **Jan. 24 '95**
Signature, typed or printed name of signing officer or director **407-545-0644**