

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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: 06/29/1990
3a. Date of Last Report: 02/01/1995

21	2. Principal Place of Business	2a	Mailing Address	26	P. O. Box 8233	4	FEI Number	65-0216826	Applied For	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	23	City & State	28	Hobe Sound FL.	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip	25	Country	29	33475	30	US	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					

BAUER, MARY JANE
4962 S.E. INKWOOD WAY
HOBE SOUND FL 33455

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Mary Jane Bauer* February 18, 1996
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, EMMALINE	1.2 NAME	
STREET ADDRESS	8517 SE FERN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, SHELLIA	2.2 NAME	
STREET ADDRESS	12382 SE LANTANA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLATCH, FLORENCE	3.2 NAME	
STREET ADDRESS	7857 SE KINGSWAY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, MARY J	4.2 NAME	
STREET ADDRESS	6942 SW INKWOOD WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARLON	5.2 NAME	D
STREET ADDRESS	5843 SE RIVERBOAT DR #418	5.3 STREET ADDRESS	PETTWAY, GERTRUDE
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	7887 SE KINGSWAY
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ALFRED	6.2 NAME	
STREET ADDRESS	PO BOX 8275 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	6.4 CITY-ST-ZIP	
TITLE	D	5.5 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARLON	5.6 NAME	D
STREET ADDRESS	5843 SE RIVERBOAT DR #418	5.7 STREET ADDRESS	PETTWAY, GERTRUDE
CITY-ST-ZIP	STUART FL	5.8 CITY-ST-ZIP	7887 SE KINGSWAY
TITLE	D	6.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ALFRED	6.6 NAME	
STREET ADDRESS	PO BOX 8275 N/A	6.7 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	6.8 CITY-ST-ZIP	

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 119.07(3)(k), 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 617, 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 2/18/96 287-8106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)