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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: P.O. BOX 8233, HOBE SOUND FL 33475-8233 US

3. Date Incorporated or Qualified: 08/29/1990
3a. Date of Last Report: 02/26/1996
4. FEI Number: 65-0216826
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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, Chairman* MARY JANE BAUER 3/11/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include HARRIS, EMMALINE; HARRIS, SHELLIA; BLATCH, FLORENCE; BAUER, MARY J; PETTWAY, GERTRUDE; MILLER, ALFRED.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include Treasurer/Director Carmen Perez; Chairman/Director Bauer, Mary J.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 561-545-0644

SIGNATURE: *Mary Jane Bauer* Mary Jane Bauer, Chairman 03/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044473

CR2E037 (9/96)