

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2004  
Secretary of State**

DOCUMENT# N39761

Entity Name: DUNBAR CENTER, INC.

**Current Principal Place of Business:**

12100 SE LANTANA AVE  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

12100 SE LANTANA AVE  
HOBE SOUND, FL 33455 US

**New Mailing Address:**

FEI Number: 65-0216826      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAUER, MARYJANE  
4962 SE INKWOOD WAY  
HOBE SOUND, FL 33455 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: OMANOFF, DONA  
Address: 12898 SE HOBE HILLS ROAD  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: VPD ( ) Delete  
Name: FOGARTY, PATRICK  
Address: 9069 SE BRIDGE RD. SUITE C  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: SD ( ) Delete  
Name: BECK, PEG  
Address: 6161 SE GEORGETOWN PL  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: TD ( ) Delete  
Name: PATTERSON, JOANNE  
Address: P.O. BOX 896  
City-St-Zip: HOBE SOUND, FL 33475

Title: D ( ) Delete  
Name: BARLOW, JILL  
Address: 8606 S.E. AURORA STREET  
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete  
Name: HARRIS, GRACE  
Address: 8508 SE BEGONIA WAY  
City-St-Zip: HOBE SOUND, FL 33455

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICK FOGARTY

VPD

01/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date