

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39761

FILED
Jan 05, 2006
Secretary of State

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: D () Delete
Name: BAUER, MARY JANE
Address: 4962 SE INKWOOD WAY
City-St-Zip: HOBE SOUND, FL 33455 US

Title: PD () Delete
Name: FOGARTY, PATRICK
Address: 8949 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: MEYERS, BEN
Address: 6374 IRONWOOD CR.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: MEYERS, KATHY
Address: 6374 IRONWOOD CR.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARYJANE BAUER

MS.

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date