

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 15, 2009  
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: D ( ) Delete  
Name: BAUER, MARY JANE  
Address: 4962 SE INKWOOD WAY  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: D ( ) Delete  
Name: BELANGER, ALFRED J  
Address: 12440 SE INDIAN RIVER DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

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

Title: D ( ) Delete  
Name: STERN, JAMES H  
Address: 4777 SW LONGBAY DR  
City-St-Zip: PALM CITY, FL 34990

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:

Title: D (X) Change ( ) Addition  
Name: GORMAN, CHARLENE  
Address: C/O BANK UNITED; 3316 SE FEDERAL HWY  
City-St-Zip: STUART, FL 34997

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

Title: D (X) Change ( ) Addition  
Name: STEELE, W. TRENT  
Address: 8902 SE BRIDGE ROAD  
City-St-Zip: HOBE SOUND, FL 33455

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 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: PAUL KELLY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ED

04/15/2009

\_\_\_\_\_  
Date