

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726393

**Entity Name:** J. M. RUBIN FOUNDATION, INC.

**FILED**  
**Jan 07, 2019**  
**Secretary of State**  
**0661238278CC**

**Current Principal Place of Business:**

505 S FLAGLER DR  
SUITE 1320  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

505 S FLAGLER DR  
SUITE 1320  
WEST PALM BEACH, FL 33401 US

**FEI Number: 59-1958240**

**Certificate of Status Desired: No**

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

CORPORATION COMPANY OF MIAMI (DAG)  
525 OKEECHOBEE BLVD., SUITE 1100  
WEST PALM BEACH, FL 33401 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            HARPER, MARY S.  
Address        505 S FLAGLER DR  
                  SUITE 1320  
City-State-Zip: WEST PALM BEACH FL 33401

Title            VP, TREASURER, DIRECTOR  
Name            HARRIS, KIMBERLY L  
Address        505 S. FLAGLER DR., #1320  
City-State-Zip: WEST PALM BEACH FL 33401

Title            SECRETARY, DIRECTOR  
Name            GRIFFIN, EDWARD R  
Address        505 S. FLAGLER DR., #1320  
City-State-Zip: WEST PALM BEACH FL 33401

Title            DIRECTOR  
Name            NOBLE, BARBARA S.  
Address        505 S FLAGLER DR  
                  SUITE 1320  
City-State-Zip: WEST PALM BEACH FL 33401

Title            DIRECTOR  
Name            BAKER, LAUREL T.  
Address        505 S FLAGLER DR  
                  SUITE 1320  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby 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 all other like empowered.*

**SIGNATURE: KIMBERLY L. HARRIS**

**VICE PRESIDENT**

**01/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date