## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#753811** 

FILED Jan 22, 2009 Secretary of State

Entity Name: THE RUBICON FOUNDATION INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

445 N. CLARA AVE.
C/O HARRY D. GARBER
DELAND, FL 32720

445 N. CLARA AVE.
C/O HARRY D. GARBER
DELAND, FL 32720

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Current Mailing Address: New Mailing Address:

445 N. CLARA AVE.
C/O HARRY D. GARBER
DELAND, FL 32720

445 N. CLARA AVE.
C/O HARRY D. GARBER
DELAND, FL 32720 US

FEI Number: 59-2929162 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GARBER, HARRY D. 445 N. CLARA 445 N. CLARA AVE DELAND, FL 32720 US DELAND, FL 32720 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: HARRY D. GARBER JR. 01/22/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 GARBER, HARRY D JR
 Name:
 GARBER, HARRY D JR

 Address:
 445 N CLARA
 Address:
 445 N CLARA AVE

 City-St-Zip:
 DELAND, FLORIDA
 00000,
 City-St-Zip:
 DELAND, FL 32720 US

Title: DST ( ) Delete Title: DST (X) Change ( ) Addition

 Name:
 GARBER, BARBARA J
 Name:
 GARBER, BARBARA J

 Address:
 445 N CLARA
 Address:
 445 N CLARA AVE

 City-St-Zip:
 DELAND, FLORIDA
 00000,
 City-St-Zip:
 DELAND, FL 32720 US

 $\label{eq:title:DV} \mbox{Title:} \mbox{ DV } \mbox{() Delete} \mbox{ Title:} \mbox{ DV } \mbox{(X) Change () Addition}$ 

Name:GARBER, GIGI ANNName:GARBER, GIGI ANNAddress:445 N CLARAAddress:445 N CLARA AVECity-St-Zip:DELAND, FLORIDA00000,City-St-Zip:DELAND,, FL 32720 US

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: HARRY D. GARBER JR. PD 01/22/2009