

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39761

Entity Name: DUNBAR CENTER, INC.

FILED
Jan 07, 2004
Secretary of State

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