

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44272** (5)
1. Corporation Name
RUBONIA COMMUNITY CENTER, INC.



Principal Place of Business
**1309 72ND ST CT E
RUBONIA FL 34221**

Mailing Address
**P. O. BOX 8800
PALMETTO FL 34220**

3. Date Incorporated or Qualified
07/12/1991

3a. Date of Last Report
04/13/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0282384		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent

**GORDON, JAMES O JR
1203 71ST STREET, EAST
RUBONIA FL 34221**

10. Name and Address of New Registered Agent

81. Name	Gordon, James O. SR
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	500001738475 -03/11/96--01026 F001

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, CLINTON	1.2 NAME	Galle, Roger C.
STREET ADDRESS	1017 7TH ST W	1.3 STREET ADDRESS	807 6TH AV. Terr. W
CITY-ST-ZIP	BRADENTON FL 34205	1.4 CITY-ST-ZIP	Bradenton, FL 34207
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, JACKIE	2.2 NAME	
STREET ADDRESS	1017 7TH ST W	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTON, BILLY	3.2 NAME	
STREET ADDRESS	1311 72ND STREET CT., E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RUBONIA FL 34220	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTON, FLORINE	4.2 NAME	James, Elaine
STREET ADDRESS	1311 72ND STREET CT., E.	4.3 STREET ADDRESS	P.O. Box 8747
CITY-ST-ZIP	RUBONIA FL 34220	4.4 CITY-ST-ZIP	Rubonia, FL 34220
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFER, JEB J	5.2 NAME	Burger, Bill
STREET ADDRESS	6508 28TH AVENUE, EAST	5.3 STREET ADDRESS	P.O. Box 201
CITY-ST-ZIP	PALMETTO FL 34221	5.4 CITY-ST-ZIP	Terra Ceia, FL 34205
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENNEKING, BILL	6.2 NAME	
STREET ADDRESS	756 TERRA CEIA ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TERRA CEIA FL 34250	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Patrick Carnegie** **PATRICK Carnegie, Executive Director (941) 729-8397**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

3-8-96