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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44272

1. Corporation Name

RUBONIA COMMUNITY CENTER, INC.

Principal Place of Business

1309 72ND ST CT E
RUBONIA FL 34221

Mailing Address

1309 72ND ST E
PALMETTO FL 34221
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/12/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0282384

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement 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 P
NAME GALLE, ROGER C
STREET ADDRESS 807 67TH AV. TERR. W
CITY-ST-ZIP BRADENTON FL 34207

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME HAYES, RUTHA
STREET ADDRESS 1512 71 ST E
CITY-ST-ZIP RUBONIA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME HELMER, GEORGE
STREET ADDRESS PO BOX 96
CITY-ST-ZIP PALMETTO FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME JAMES, ELAINE
STREET ADDRESS P.O. BOX 8747
CITY-ST-ZIP RUBONIA FL 34220

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME BURGER, BILL
STREET ADDRESS P.O. BOX 201
CITY-ST-ZIP TERRA CEIA FL 34205

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME ENNEKING, BILL
STREET ADDRESS 755 TERRA CEIA ROAD
CITY-ST-ZIP TERRA CEIA FL 34250

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)