2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 14, 2007 8:00 am Secretary of State

03-14-2007 90021 021 ****61.25

Mailing Address Principal Place of Business

240 S. PINEAPPLE AVE 10TH FLOOR

DOCUMENT # N95000004818

THE RUBIN CHARITABLE FOUNDATION, INC.

P.O. BOX 49948

SARASOTA EL 34230 IIS

40035056

SARASOTA, FL 34236 US										2)		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Chg-NP	CR2E	037 (12/06)		
City & State			City & State					4. FEI Number Applied For 65-0620355 Not Applied ber				
Zip	Country			р	Cou	intry				ditional		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
BAND, DAVID S 240 S. PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236						Name				_		
						Street Address (P.O. Box Number is Not Acceptable)						
, 						City FL Zip Code						
	named entity ions of regist	y submits this statement ered agent	for the purp	ose of changing its	registere	ea office or regi	istered agent, or bot	h, in the State	of Florida I ar	n familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered ager	n; and title if app	okcable. (NOTE	: Registere	d Agent signature req	pured when rens(a;ing)		DATE			
Filing Fee is \$61.25 Due by May 1, 2007				Election Campaign Financing Trust Fund Contribution		· -	\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS 1					11.	•	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	T _ 2			☐ Defete	☐ Defete TITLE					Change	Addition	
NAME	BAND, DAVID S				NAM	E				_ ,	_	
STREET ADDRESS	STREET ADDRESS 240 S. PINEAPPLE AVENUE			!		ET ADDRESS						
CHTY-ST-ZIP	ST-ZIP SARASOTA, FL 34236					- ST- ZP						
HILE	DS Delete T					[· · ·		☐ Change	Addition	
NAME	DOERR, KENNETH D				NAM							
STREET ADDRESS	240 S PINEAPPLE AVENUE, 10TH FLOOR					ET ADORESS						
CITY-S1-ZIP	SARASOTA, FL 34236					-S1-ZiP						
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NAME						ε						
STREET ADDRESS	·					ET ADDRESS						
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STREET ADDRESS					STAE	ET ADDRESS						
CITY-ST-ZIP					CITY	-S1 - ZIP						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 10 or Block 11 if

SIGNATURE: /

Ďavid S. Band, President

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #