

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 SEP -5 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07312008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N95000004818</b> 1. Entity Name <b>THE RUBIN CHARITABLE FOUNDATION, INC.</b>					
Principal Place of Business <b>240 S. PINEAPPLE AVE 10TH FLOOR SARASOTA, FL 34236 US</b>			Mailing Address <b>P.O. BOX 49948 SARASOTA, FL 34230 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0620355</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
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		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE				8/1/08	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating) DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAND, DAVID S 240 S. PINEAPPLE AVENUE SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400135602934 09/09/08--01027--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOERR, KENNETH D 240 S PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Schembri, Jenifer S. 240 S. Pineapple Ave., 10th Floor Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT HANAN, BENJAMIN R 240 S PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE				8/1/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	