

1-31-95
FILE NOW: FILING FEE AFTER MAY 1 IS \$195.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 10:12

DOCUMENT # 768044 (0)

1. Corporation Name

FAIR HAVENS CENTER FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/20/1983	3a. Date of Last Report 03/14/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
201 CURTISS PARKWAY MIAMI SPRINGS FL 33166-2291		201 CURTISS PARKWAY MIAMI SPRINGS FL 33166-2291	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

GRAFF, JOHN D.
201 CURTISS PKWY.
MIAMI SPRINGS FL 33166-2291

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, REV. A. R.	1.2 NAME	
STREET ADDRESS	201 CURTISS PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	FAZIO, IGNATIUS	2.2 NAME	
STREET ADDRESS	201 CURTISS PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	DUBOIS, BETTY	3.2 NAME	
STREET ADDRESS	201 CURTISS PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	SHEETS, PHYLLIS	4.2 NAME	
STREET ADDRESS	201 CURTISS PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Rev. A. R. Schmidt DATE: 01/27/94 887-1565
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT (SEE INSTRUCTIONS)