


FILE NOW: FILING FEE IS \$61.25

APPROVED  
AND  
FILED

96 FEB -7 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 768044 (0)</b> 1. Corporation Name <b>FAIR HAVENS CENTER FOUNDATION, INC.</b>					
Principal Place of Business <b>201 CURTISS PARKWAY MIAMI SPRINGS FL 33166-2291</b>			Mailing Address <b>201 CURTISS PARKWAY MIAMI SPRINGS FL 33166-2291</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>04/20/1983</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		3a. Date of Last Report <b>01/31/1995</b>	
City & State <b>23</b>		City & State <b>28</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>24</b>		Country <b>25</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>29</b>		Country <b>30</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>GRAFF, JOHN D. 201 CURTISS PKWY. MIAMI SPRINGS FL 33166-2291</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	SCHMIDT, REV. A. R.				
STREET ADDRESS	201 CURTISS PARKWAY				
CITY - ST - ZIP	MIAMI SPRINGS FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	FAZIO, IGNATIUS				
STREET ADDRESS	201 CURTISS PARKWAY				
CITY - ST - ZIP	MIAMI SPRINGS FL				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	DUBOIS, BETTY				
STREET ADDRESS	201 CURTISS PARKWAY				
CITY - ST - ZIP	MIAMI SPRINGS FL				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	SHEETS, PHYLLIS				
STREET ADDRESS	201 CURTISS PARKWAY				
CITY - ST - ZIP	MIAMI SPRINGS FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	200001010588				
1.2 NAME	-02/08/96--01069--007				
1.3 STREET ADDRESS	*****70.00 *****70.00				
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	VD BARBARA SUMERFIELD				
3.3 STREET ADDRESS	201 CURTISS PARKWAY				
3.4 CITY - ST - ZIP	MIAMI SPRINGS, FL 33166				
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME	SD DELLANNE VITIELLO				
4.3 STREET ADDRESS	201 CURTISS PARKWAY				
4.4 CITY - ST - ZIP	MIAMI SPRINGS, FL 33166				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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 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: <i>Rev. A. R. Schmidt</i> 01/24/96 305-887-1565 Rev. A. R. Schmidt SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (12/95)