

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768044** (0)

1. Corporation Name

**FAIR HAVENS CENTER FOUNDATION, INC.**



Principal Place of Business	Mailing Address
201 CURTISS PARKWAY MIAMI SPRINGS FL 33166-2291	201 CURTISS PARKWAY MIAMI SPRINGS FL 33168-5222

2. Principal Place of Business	2a. Mailing Address
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	Country	28 Zip	Country
24 33166-5291	25	29 33166-5291	30

3. Date Incorporated or Qualified <b>04/20/1983</b>	3a. Date of Last Report <b>02/07/1996</b>
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name <b>Douglas A. Lang</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>201 Curtiss Parkway</b>
83
84 City <b>Miami Springs</b>
85 Zip Code <b>FL 33166-5291</b>

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 *Douglas A. Lang* **Douglas A. Lang, Executive Director** DATE **4/30/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHMIDT, REV. A. R.	
STREET ADDRESS	201 CURTISS PARKWAY	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FAZIO, IGNATIUS	
STREET ADDRESS	201 CURTISS PARKWAY	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SUMERFIELD, BARBARA	
STREET ADDRESS	201 CURTISS PARKWAY	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VITIELLO, DELLANNE	
STREET ADDRESS	201 CURTISS PARKWAY	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William G. Oliver	
1.3 STREET ADDRESS	201 Curtiss Parkway	
1.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166-5291	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	TD	
2.2 NAME	Sherryl B. Bowein	
2.3 STREET ADDRESS	201 Curtiss Parkway	
2.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166-5291	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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.

SIGNATURE: *William G. Oliver* **William G. Oliver** DATE **5/20/97** 305/887-1565

CR2E037 (9/96)