


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90267 013 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 768044					
1. Corporation Name FAIR HAVENS CENTER FOUNDATION, INC.					
Principal Place of Business 201 CURTISS PARKWAY MIAMI SPRINGS FL 33166-5291 US			Mailing Address 201 CURTISS PARKWAY MIAMI SPRINGS FL 33166-5291 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/20/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
6. Election Campaign Financing				5.00 May Be Added to Fees	
Trust Fund Contribution				<input type="checkbox"/>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LANG, DOUGLAS A 201 CURTISS PARKWAY MIAMI SPRINGS FL 33166			81 Name Marie Cole		
			82 Street Address (P.O. Box Number is Not Acceptable) 201 Curtiss Parkway		
			83		
			84 City Miami Springs		
			85 Zip Code FL 33166		

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 Marie Cole (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, WILLIAM	1.2 NAME	
STREET ADDRESS	201 CURTISS PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEIN, SHERRYL B	2.2 NAME	
STREET ADDRESS	201 CURTISS PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMERFIELD, BARBARA	3.2 NAME	Clement E. Reetz
STREET ADDRESS	201 CURTISS PARKWAY	3.3 STREET ADDRESS	201 Curtiss Parkway
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	3.4 CITY-ST-ZIP	Miami Springs, FL 33166
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITIELLO, DELLANNE	4.2 NAME	
STREET ADDRESS	201 CURTISS PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Neelbano DE FREITAS 3/1/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)