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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 816961

1. Corporation Name

THE NINA HAVEN CHARITABLE FOUNDATION

Principal Place of Business

555 COLORADO AVE
 STUART FL 34994-3013

Mailing Address

PO DRAWER 24
 STUART FL 34994-3013



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/10/1963

4. FEI Number

13-6099012

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

9. Name and Address of Current Registered Agent

CRARY, EVANS JR
 555 COLORADO AVE
 STUART FL 33494

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME TD
 GASTER, GORDON D
 STREET ADDRESS 13820 LEHARVE DR
 CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE DELETE

NAME VD
 CRARY, EVANS JR
 STREET ADDRESS 555 COLORADO AVE
 CITY-ST-ZIP STUART FL

TITLE DELETE

NAME VD
 TENNEY, STUART
 STREET ADDRESS 3085 SW ST LUCIE BLVD
 CITY-ST-ZIP STUART FL

TITLE DELETE

NAME PD
 WEBER, JUDY
 STREET ADDRESS 1062 SW PINE TREE LN
 CITY-ST-ZIP PALM CITY FL

TITLE DELETE

NAME SD
 CRARY, LAWRENCE E. II
 STREET ADDRESS 3730 SW WOODBRIAR LN
 CITY-ST-ZIP PALM VITY FL

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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: *Lawrence E. Crary, Secretary*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
 Date

(561) 287-2600
 Daytime Phone #

CR2E037 (1/198)