2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# 816961

Entity Name: THE NINA HAVEN CHARITABLE FOUNDATION

Current Principal Place of Business:

555 COLORADO AVE
STUART, FL 349943013

New Principal Place of Business:

Current Mailing Address:

PO BOX 1978
STUART, FL 34995

New Mailing Address:

FEI Number: 13-6099012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEBER, JUDITH J
4490 SE WATERFORD DR.
STUART, FL 34997 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: GALLANT, THERESA
Address: 2501 SE AVIATION WAY
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete
Name: ANDERSON, CHARLES
Address: 5221 SE GREAT POCKET TRAIL
City-St-Zip: STUART, FL 34997

Title: PD ( ) Delete
Name: WEBER, JUDITH
Address: 4490 SE WATERFORD DR.
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete
Name: FREEMAN, REBECCA K
Address: PO BOX 9009
City-St-Zip: STUART, FL 34995

Title: VD (X) Delete
Name: CRARY, LAWRENCE E III
Address: 555 COLORADO AVE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: GALLANT, THERESA
Address: 2501 SE AVIATION WAY
City-St-Zip: STUART, FL 34996

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change ( ) Addition
Name: CRARY, LAWRENCE E III
Address: 555 COLORADO AVE
City-St-Zip: STUART, FL 34994 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH WEBER PD 04/26/2009

Electronic Signature of Signing Officer or Director — Date