DO NOT WRITE IN THIS SPACE

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001266

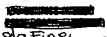
1. Entity Name

BELÁ B. NEVAI AND CLARA NEVAI CHARITABLE FOUNDATION, INC.



Principal Place of Business

Mailing Address



olo Fine 16651 Sweet Bay Drive Del Ray Beach, Fl.3344S

clo Fine 16659 Sweet Bay Drive Delkay Beach, Fl. 33445

50050262



FILED

May 06, 2005 8:00 am Secretary of State

05-06-2005 90100 039 ****70.00

04272005 No Chg-NP

CR2E037 (10/03)

4. F	FEI Number						
(35-0835059						

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent



Eli B. Fine 16659 Sweet Bay Dr. DelRay Beach, Fl. 3344s

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8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE_								
SIGNATURE	NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEVAL, CLARA, Decessed 100 SUNRISE AVENUE PALM BEACH, FL 33480							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEVAI, ANDRAS P.O. BOX 10861 N/A SEDONA, AZ 86339		:					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINE, ELI B 16657 SWEETBAY DRIVE DELRAY BEACH, FL 33445		DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMOGYI, ANNA M 36 LAKESHORE DRIVE PLEASANTVILLE, NY 10570	-						
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								