

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

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

DOCUMENT # N98000001266

1. Entity Name
BELA B. NEVAI AND CLARA NEVAI CHARITABLE
FOUNDATION, INC.



Principal Place of Business

Mailing Address

~~16657 Sweet Bay Drive~~
16657 Sweet Bay Drive
Del Ray Beach, FL 33445

~~16657 Sweet Bay Drive~~
16657 Sweet Bay Drive
Del Ray Beach, FL 33445

50050262



04272005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0835059

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~16657 Sweet Bay Drive~~
16657 Sweet Bay Drive
Del Ray Beach, FL 33445

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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, 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NEVAI, CLARA, Deceased
STREET ADDRESS 100 SUNRISE AVENUE
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D
NAME NEVAI, ANDRAS
STREET ADDRESS P.O. BOX 10861 N/A
CITY-ST-ZIP SEDONA, AZ 86339

TITLE D
NAME FINE, ELI B
STREET ADDRESS 16657 SWEETBAY DRIVE
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D
NAME SOMOGYI, ANNA M
STREET ADDRESS 36 LAKESHORE DRIVE
CITY-ST-ZIP PLEASANTVILLE, NY 10570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE: *El B Fine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-496-0484

ELI B. FINE