

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90003 036 ****61.25

DOCUMENT # N98000001266

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



Principal Place of Business

**C/O FINE
16657 SWEET BAY DR
DELRAY BEACH, FL 33445**

Mailing Address

**C/O FINE
16657 SWEET BAY DR
DELRAY BEACH, FL 33445**

DO NOT WRITE IN THIS SPACE



07112006 No Chg-NP

CR2E037 (4/06)

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

**FINE, ELI B
16657 SWEET BAY DR
DELRAY BEACH, FL 33445**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

7/11/06
DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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	D
NAME	NEVAI, MARIA
STREET ADDRESS	P.O. Box 10861
CITY-ST-ZIP	SEDONA, AZ 86339
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Eli B Fine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/06

(914) 247-2733