

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Aug 22, 2008 08:00 AM
Secretary of State



07082008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number 65-0835059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000958207
08/22/08-80003-004 70.00

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 NEVAI, MARIA
STREET ADDRESS PO BOX 10861
CITY-ST-ZIP SEDONA, AZ 86339

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ELI B. FINE 8/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #