

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816961

Entity Name: NINA HAVEN SCHOLARSHIPS, INC.**Current Principal Place of Business:**759 S.W. FEDERAL HIGHWAY - SUITE 106
STUART, FL 34994**Current Mailing Address:**PO BOX 1978
STUART, FL 34995**FEI Number: 13-6099012****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEBER, JUDITH J
4490 SE WATERFORD DR.
STUART, FL 34997 US*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**Officer/Director Detail :**

Title	TD
Name	GALLANT, THERESA
Address	2501 SE AVIATION WAY
City-State-Zip:	STUART FL 34996
Title	VSD
Name	CRARY, LAWRENCE EIII
Address	759 S.W. FEDERAL HIGHWAY - SUITE 106
City-State-Zip:	STUART FL 34994
Title	DIRECTOR
Name	ICYDA, TERI-ROSS DR.
Address	1001 E OCEAN BLVD
City-State-Zip:	STUART FL 34996

Title	PD
Name	WEBER, JUDITH
Address	4490 SE WATERFORD DR.
City-State-Zip:	STUART FL 34997
Title	D
Name	RIPPER, KAREN
Address	5610 SW GROVE ST.
City-State-Zip:	PALM CITY FL 34990
Title	DIRECTOR
Name	FOGT, PAMELA
Address	PO BOX 2914
City-State-Zip:	STUART FL 34995-2914

I hereby 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 all other like empowered.

SIGNATURE: THERESA GALLANT**TREASURER****01/19/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date