

**FILE NOW: FILING FEE IS \$61.25**

**MP**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**,  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Feb 13 1997 8:00 am  
Secretary of State

**DOCUMENT # 701858 (3)**  
1. Corporation Name  
**FLORIDA ATLANTIC UNIVERSITY FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**777 GLADES RD.  
BOCA RATON FL 33431  
US**      **777 GLADES RD.  
BOCA RATON FL 33431-6424  
US**

3. Date Incorporated or Qualified **12/30/1960**      3a. Date of Last Report **01/31/1996**  
4. FEI Number **59-0917284**      Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**TAYLOR, DON F.  
500 N.W. 20TH ST.  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
81 Name **Coleman, Carla L.**  
82 Street Address (P.O. Box Number is Not Acceptable) **777 Glades Road**  
83  
84 City **Boca Raton, Florida** **FL**      85 Zip Code **33431**

11. Pursuant to the provisions of Sections 617.0502 and 617.1908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Carla L. Coleman*      **Carla L. Coleman, Executive Director**      DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PLATT, GEORGE I	
STREET ADDRESS	1121 N. RIO VISTA BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DUNSTON, LEIGH E	
STREET ADDRESS	777 S. FLAGLER DR., SUITE 500E	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RADDOCK, JAY	
STREET ADDRESS	350 S. OCEAN BLVD., APT. 9D	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	UTLEY, BRIAN	
STREET ADDRESS	1930 SW 8TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, DON F	
STREET ADDRESS	777 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Platt, George I	
1.3 STREET ADDRESS	2930 N. Atlantic Blvd.	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL	
2.1 TITLE	Vice Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dunston, Leigh E.	
2.3 STREET ADDRESS	777 S Flagler Dr. Ste 500E	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33402	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Ed	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Coleman, Carla L.	
6.3 STREET ADDRESS	777 Glades Road	
6.4 CITY-ST-ZIP	Boca Raton, FL, 33431	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)