

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701858 (3)**  
1. Corporation Name  
**FLORIDA ATLANTIC UNIVERSITY FOUNDATION, INC.**



Principal Place of Business <b>777 GLADES RD. BOCA RATON FL 33431 US</b>		Mailing Address <b>777 GLADES RD. BOCA RATON FL 33431 US</b>	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified <b>12/30/1960</b>	
4. FEI Number <b>59-0917284</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**COLEMAN, CARLA L., FAU Foundation Inc.  
777 GLADES ROAD  
BOCA RATON FL 33431**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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** **1/14/98**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" 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 Gunster Yoakley	
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 type="checkbox"/> DELETE
NAME	COLEMAN, CARLA L., FAU Foundation	
STREET ADDRESS	777 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	PLATT, GEORGE I	
STREET ADDRESS	2930 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	Chair	Dunston, Leigh, Gunster Yoakley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		777 S. Flagler Dr., Suite 500E	
1.3 STREET ADDRESS		West Palm Beach, FL 33402	D
1.4 CITY-ST-ZIP			
2.1 TITLE	Vice	Utley, Brian	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chair	1930 SW 8th Street	
2.3 STREET ADDRESS		Boca Raton, FL 33486	D
2.4 CITY-ST-ZIP			
3.1 TITLE	Treas.	Guggenheim, Howard, Smith Barney	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		111 SE First Street	
3.3 STREET ADDRESS		Boca Raton, FL 33432	D
3.4 CITY-ST-ZIP			
4.1 TITLE	Secret.	Raddock, Jay	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		350 S. Ocean Blvd., Apt. 9D	
4.3 STREET ADDRESS		Boca Raton, FL 33432	D
4.4 CITY-ST-ZIP			
5.1 TITLE	Execut	Coleman, Carla L., FAU Foundation	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dir.	777 Glades Rd.	
5.3 STREET ADDRESS		Boca Raton, FL 33431	D
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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.

SIGNATURE: *Carla L. Coleman* **Carla L. Coleman** **01/14/98**

CP2E037 (10/97)