FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:56

DOCUMENT # 714341 (5)

1. Corporation Name
FLORIDA ATLANTIC UNIVERSITY ALUMNI ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O DIR., ALUMNI AFFAIRS FLORIDA ATLANTIC UNIV., 500 N.W 20 ST. BOCA RATON FL 33431	C/O DIR., ALUMNI AFFAIRS FLORIDA ATLANTIC UNIV., 500 N.W 20 ST. BOCA RATON FL 33431

3. Date Incorporated or Qualified: 03/28/1975
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-0197284 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	Florida Atlantic Univ.	2a. Mailing Address 26	Florida Atlantic Univ.
Suite, Apt. #, etc. 22	777 Glades Road	Suite, Apt. #, etc. 27	777 Glades Road
City & State 23	Boca Raton, FL	City & State 28	Boca Raton, FL
Zip 24	33431	Zip 29	33431
Country 25	USA	Country 30	USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, JUDI M
500 N.W. 20TH STREET
FLORIDA ATLANTIC UNIVERSITY
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Judy M. Anderson
82 Street Address (P.O. Box Number is Not Acceptable): 777 Glades Road
83: Florida Atlantic University
84 City: Boca Raton FL 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Judy M. Anderson — JUDY M. ANDERSON — January 13, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SHEPARD, MARC	1.2 NAME	Patricia Lankford	
STREET ADDRESS	11211 S. MILITARY TRAIL, SUITE 3026	1.3 STREET ADDRESS	2701 SW 13th St. BB-55	
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	LANKFORD, PATRICIA	2.2 NAME	Michael Long	
STREET ADDRESS	2701 S.W. 13TH ST. CB55-APT. 102-40	2.3 STREET ADDRESS	2481 NE 21st Avenue	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	TD	3.1 TITLE		☒ Change ☐ Addition
NAME	HEYMAN, ELYSE	3.2 NAME	TD	
STREET ADDRESS	2671 RIVERSIDE DR., SUITE 3	3.3 STREET ADDRESS	Marlene Brankovic	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	8516 Doverbrook Drive	
TITLE	SD	4.1 TITLE	Palm Beach Gardens, FL 33410	☒ Change ☐ Addition
NAME	AUSTER, DARREN	4.2 NAME	SD	
STREET ADDRESS	21904 LAKE FOREST CIR., SUITE 104	4.3 STREET ADDRESS	Mary Beth Mihalik	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	1057 SW 27th Place	
TITLE		5.1 TITLE	Boynton Beach, FL 33426	☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Patricia A. Lankford — 1/25/95 — 407-278-0424
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA A. LANKFORD

(X40331)