FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Feb 26 1996 8:00 am
Secretary of State

DOCUMENT # **714341** **(5)**

1. Corporation Name

FLORIDA ATLANTIC UNIVERSITY ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
FLORIDA ATLANTIC UNIV. 777 GLADES ROAD BOCA RATON FL 33431 US	FLORIDA ATLANTIC UNIV. 777 GLADES ROAD BOCA RATON FL 33431 US

3. Date Incorporated or Qualified: 03/28/1975	3a. Date of Last Report: 02/01/1995
4. FEI Number: 59-0197284	☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ANDERSON, JUDY M.
777 GLADES ROAD
FLORIDA ATLANTIC UNIVERSITY
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 **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LANKFORD, PATRICIA		1.2 NAME	Long, Michael	
STREET ADDRESS	2701 S.W. 13TH ST. BB-55		1.3 STREET ADDRESS	2481 NE 21st Ave.	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	LONG, MICHAEL		2.2 NAME	Walters, Ross	
STREET ADDRESS	2481 N.E. 21ST AVENUE		2.3 STREET ADDRESS	525 N.W. 13th Ave.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL		2.4 CITY-ST-ZIP	~~Boca Raton, FL 33486~~	
TITLE	TD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BRANKOVIC, MARLENE		3.2 NAME	Kassover, Christine	
STREET ADDRESS	8516 DOVERBROOK DRIVE		3.3 STREET ADDRESS	2075-C Linton Lake Drive	
CITY-ST-ZIP	PALM BEACH GARDENS FL		3.4 CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	SD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	MIHALIK, MARY BETH		4.2 NAME	Greene, Elyse	
STREET ADDRESS	1057 SW 27TH PLACE		4.3 STREET ADDRESS	6004 NW 3 St	
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-ST-ZIP	Margate, FL 33063	
TITLE		☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME			5.2 NAME	Wolff, Catherine	
STREET ADDRESS			5.3 STREET ADDRESS	1005 Russell Dr., #4	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	~~Highland Beach, FL 33487~~	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: _____ 2-12-96 407-367-3010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #