FILE NOW: FILING FEE IS $61.25

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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33431-6424 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 03/28/1975
3a. Date of Last Report: 02/26/1996

4. FEI Number: ~~59-0197284~~ 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

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: Keith M. Fries
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 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 2/25/97
Signature, type/print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	XX DELETE	1.1 TITLE	PD	XX Change ☐ Addition
NAME	LONG, MICHAEL		1.2 NAME	Elyse Greene	
STREET ADDRESS	2481 NE 21ST AVE		1.3 STREET ADDRESS	6004 NW 3rd St	
CITY-ST-ZIP	LIGHTHOUSE POINT FL		1.4 CITY-ST-ZIP	Margate, FL 33063	
TITLE	VD	XX DELETE	2.1 TITLE	VD	XX Change ☐ Addition
NAME	WALTERS, ROSS		2.2 NAME	Christine Kassover	
STREET ADDRESS	525 NW 13TH AVE		2.3 STREET ADDRESS	1180 SW 15th St	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	VD	XX DELETE	3.1 TITLE	VD	XX Change ☐ Addition
NAME	KASSOVER, CHRISTINE		3.2 NAME	Paul King	
STREET ADDRESS	2075-C LINTON LAKE DR		3.3 STREET ADDRESS	230 Avila Road	
CITY-ST-ZIP	DELRAY BCH FL		3.4 CITY-ST-ZIP	W Palm Beach, FL 33405	
TITLE	TD	XX DELETE	4.1 TITLE	TD	XX Change ☐ Addition
NAME	GREENE, ELYSE		4.2 NAME	Catherine Wolff	
STREET ADDRESS	6004 NW 3RD ST		4.3 STREET ADDRESS	1005 Russell Dr #4	
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP	Highland Beach, FL 33487	
TITLE	SD	XX DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WOLFF, CATHERINE		5.2 NAME		
STREET ADDRESS	1005 RUSSELL DR, #4		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BCH FL		5.4 CITY-ST-ZIP		
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 (9/96)

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 added on an attachment with an address.

SIGNATURE _____ 2/25/97