SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN -9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767083 (9)

1. Corporation Name
FAUND CAMPUS MINISTRIES, INC.

Principal Place of Business	Mailing Address
FLORIDA ATLANTIC UNIVERSITY BOCA RATON FL 33431 US	700 N.E. 29TH PL. BOCA RATON FL 33431 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1983
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2290984 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ FILING FEE IS $61.25
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

NOWSELSKI, EMILY S.
700 N.E. 29TH PLACE
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: EMILY S. NOWSELSKI Emily S. Nowselski DATE: June 5th 1995
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	VP	1.1 TITLE		☐ Change ☐ Addition
NAME	SANDY EASTLICK	1.2 NAME		
STREET ADDRESS	6842 ALDEN RIDGE DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SHORT, VIRGINIA	2.2 NAME		
STREET ADDRESS	1229 N.W. 4TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	NOWSELSKI, EMILY S.	3.2 NAME		
STREET ADDRESS	700 NE 29TH PLACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	CHESSER, JAMES	4.2 NAME		
STREET ADDRESS	6133 BLUEGRASS CR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	SD	☐ Change ☐ Addition
NAME	HIMMELHABER, CAROLYN	5.2 NAME		
STREET ADDRESS	1373 WHITE PINE DRIVE	5.3 STREET ADDRESS	$7 7/7	
CITY-ST-ZIP	WELLINGTON FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	LARRY CARPENTER	6.2 NAME	LARRY CARPENTER	
STREET ADDRESS	10950 QUAIL ROOST DRIVE	6.3 STREET ADDRESS	10950 QUAIL ROOST DRIVE	
CITY-ST-ZIP	MIAMI, FL 33157	6.4 CITY-ST-ZIP	MIAMI, FL 33157	

CR2E037 (3/95)

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)(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: Emily S. Nowselski 6/5/95 407) 395-1665
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011330