

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

DOCUMENT # 767083 (9)

1. Corporation Name

FAUND CAMPUS MINISTRIES, INC.



Principal Place of Business

**FLORIDA ATLANTIC UNIVERSITY
BOCA RATON FL 33431
US**

Mailing Address

**700 N.E. 29TH PL.
BOCA RATON FL 33431
US**

3. Date Incorporated or Qualified
02/21/1983

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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

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 **VP** ☐ DELETE
NAME **SANDY EASTLICK**
STREET ADDRESS **6842 ALDEN RIDGE DR.**
CITY - ST - ZIP **BOYNTON BEACH FL**

TITLE **D** ☐ DELETE
NAME **SHORT, VIRGINIA**
STREET ADDRESS **1229 N.W. 4TH STREET**
CITY - ST - ZIP **BOCA RATON FL**

TITLE **TD** ☐ DELETE
NAME **NOWSELSKI, EMILY S.**
STREET ADDRESS **700 NE 29TH PLACE**
CITY - ST - ZIP **BOCA RATON FL**

TITLE **PD** ☐ DELETE
NAME **CHESSER, JAMES**
STREET ADDRESS **6133 BLUEGRASS CR.**
CITY - ST - ZIP **LAKE WORTH FL**

TITLE **SD** ☐ DELETE
NAME **HIMMELHABER, CAROLYN**
STREET ADDRESS **1373 WHITE PINE DRIVE**
CITY - ST - ZIP **WELLINGTON FL**

TITLE **D** ☐ DELETE
NAME **CARPENTER, LARRY**
STREET ADDRESS **10950 QUAIL ROOST DRIVE**
CITY - ST - ZIP **MIAMI FL 33151**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT D.** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE **V.P.** ☐ Change ☒ Addition
2.2 NAME **FRID CHALKER**
2.3 STREET ADDRESS **941 NE APPLEBY ST.**
2.4 CITY - ST - ZIP **BOCA RATON, FL. 33487**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 25, 96 (407) 395-166-5
Date Daytime Phone #

CR2E037 (12/95)