

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

FLORIDA ATLANTIC UNIVERSITY
BOCA RATON FL 33431
US700 N.E. 29TH PL.
BOCA RATON FL 33431-6946
US3. Date Incorporated or Qualified
02/21/19833a. Date of Last Report
01/31/19964. FEI Number
59-2290984Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOWSELSKI, EMILY S.
700 N.E. 29TH PLACE
BOCA RATON FL 33431

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. Nowelski* EMILY S. NOWSELSKI

1-13-97

Signature, typewritten 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 P ☒ DELETE
NAME SANDY EASTLICK
STREET ADDRESS 6842 ALDEN RIDGE DR.
CITY-ST-ZIP BOYNTON BEACH FL1.1 TITLE P ☒ Change ☒ Addition
1.2 NAME FRED CHALKER
1.3 STREET ADDRESS 771 NE APPLEBY ST.
1.4 CITY-ST-ZIP BOCA RATON, FL. 33487TITLE D ☐ DELETE
NAME SHORT, VIRGINIA
STREET ADDRESS 1229 N.W. 4TH STREET
CITY-ST-ZIP BOCA RATON FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME NOWSELSKI, EMILY S.
STREET ADDRESS 700 NE 29TH PLACE
CITY-ST-ZIP BOCA RATON FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CHESSER, JAMES
STREET ADDRESS 6133 BLUEGRASS CR.
CITY-ST-ZIP LAKE WORTH FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME HIMMELHABER, CAROLYN
STREET ADDRESS 1373 WHITE PINE DRIVE
CITY-ST-ZIP WELLINGTON FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CARPENTER, LARRY
STREET ADDRESS 10950 QUAIL ROOST DRIVE
CITY-ST-ZIP MIAMI FL 331516.1 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 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. Nowelski* EMILY S. NOWSELSKI 1-13-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038600

CR2E037 (9/96)