

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767083

1. Entity Name

FAUND CAMPUS MINISTRIES, INC.

Principal Place of Business

FLORIDA ATLANTIC UNIVERSITY
BOCA RATON FL 33431
US

Mailing Address

FIRST CHRISTIAN CHURCH OF BOCA
2500 N W 5TH AVE
BOCA RATON FL 33431
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2290984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUGENSTEIN, CHUCK
1410 SW 17TH ST
BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME FRED CHALKER
STREET ADDRESS 771 NE APPLE BY ST.
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME AUGENSTEIN, CHUCK
STREET ADDRESS 1410 S W 17TH ST
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME NICCOLLS, OLLIE
STREET ADDRESS 18195 181ST CIR S
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME LOVE, TERRY
STREET ADDRESS 4270 N W 9TH ST
CITY-ST-ZIP DELRAY BCH FL 33445 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME O'KEEFE, RYAN
STREET ADDRESS 17 DOGWOOD CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☒ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME TWADDELL, TRACY
STREET ADDRESS 4459 B WILLOW POND RD
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Augenstein* 5/2/01 56-395-4901

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90398 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)