

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90100 032 ****61.25

DOCUMENT # 767083

1. Entity Name

FAUND CAMPUS MINISTRIES, INC.

Principal Place of Business

Mailing Address

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

**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

4. FEI Number

59-2290984

Applied For

Not Applicable

Zip

Country

Zip

Country

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 NAME	P FRED CHALKER	<input type="checkbox"/> Delete
STREET ADDRESS	771 NE APPLE BY ST.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE NAME	VD AUGENSTEIN, CHUCK	<input type="checkbox"/> Delete
STREET ADDRESS	1410 S W 17TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE NAME	SD NICCOLLS, OLLIE	<input type="checkbox"/> Delete
STREET ADDRESS	18195 181ST CIR S	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE NAME	TD LOVE, TERRY	<input type="checkbox"/> Delete
STREET ADDRESS	4270 N W 9TH ST	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE NAME	D TWADDELL, TRACY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4459 B WILLOW POND RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Fred Chalker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	137 Turnberry Dr.	
CITY-ST-ZIP	Atlantis, FL 33462	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Ollie Niccolls	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7884 Manor Forest Lane	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Chuck Augenstein* **CHUCK AUGENSTEIN** *2/6/02 561-395-4901*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03/04/03

CR2E037 (9/01)