APR. 26. 2004 2:59PM QTA

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91245 045 ****61.25

DOCUMENT #767083

1. Entity Name
FAUND CAMPUS MINISTRIES, INC.

Principal Place of Business
FLORIDA ATLANTIC UNIVERSITY
BOCA RATON, FL 33431

Mailing Address
FIRST CHRISTIAN CHURCH OF BOCA
2500 N W 5TH AVE
BOCA RATON, FL 33431

94083206

04232004 No Chg-NP CR2E037 (10/03)

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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

BENHAM, TIM & CATHY
2500 NW 5TH AVE
BOCA RATON, FL 33431

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARPER, JOEL
STREET ADDRESS	1100 SW 2ND. ST
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	VD
NAME	PALTANAVICH, DAVID
STREET ADDRESS	5677 FOX HOLLOW B
CITY-ST-ZIP	BOCA RATON, FL 33466
TITLE	SD
NAME	BOWES, GARY
STREET ADDRESS	3400 NW 47TH AVENUE
CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE	TD
NAME	BUTLER, REGINALD
STREET ADDRESS	4639 FRANWOOD DRIVE
CITY-ST-ZIP	DELRAY BCH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Cathy Benham 4-27-04 561-704-4105 561-345-4901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #