

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767083

FILED
Apr 28, 2005
Secretary of State

Entity Name: FAUND CAMPUS MINISTRIES, INC.

Current Principal Place of Business:

FLORIDA ATLANTIC UNIVERSITY
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2290984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARPER, JOEL
Address: 1100 SW 2ND. ST
City-St-Zip: BOCA RATON, FL 33486

Title: VD () Delete
Name: PALTANAVICH, DAVID
Address: 5677 FOX HOLLOW B
City-St-Zip: BOCA RATON, FL 33486

Title: SD () Delete
Name: BOWES, GARY
Address: 3400 NW 47TH AVENUE
City-St-Zip: COCONUT CREEK, FL 33063

Title: TD () Delete
Name: BUTLER, REGINALD
Address: 4639 FRANWOOD DRIVE
City-St-Zip: DELRAY BCH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY F BENHAM

RA

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date