

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 767083

FILED
Mar 14, 2003
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:

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

Name and Address of New Registered Agent:

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

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: TIM L BENHAM

03/14/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRED CHALKER,
Address: 137 TURNBERRY DR.
City-St-Zip: ATLANTIS, FL 33462

Title: VD () Delete
Name: AUGENSTEIN, CHUCK
Address: 1410 S W 17TH ST
City-St-Zip: BOCA RATON, FL 33486

Title: SD () Delete
Name: NICCOLLS, OLLIE
Address: 7884 MANOR FOREST LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD () Delete
Name: LOVE, TERRY
Address: 4270 N W 9TH ST
City-St-Zip: DELRAY BCH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOEL HARPER

P

03/14/2003

Electronic Signature of Signing Officer or Director

Date