Electronic Signature of Signing Officer/Director Detail

ΊΔΝ

The above named entity submits this statement for the purpose of change SIGNATURE: MICHELLE DEPALMA Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	CHAIR	Title	PRESIDENT
Name	POULIN, BRIAN	Name	KIAN, DAVID
Address	777 GLADES RD ADMIN, 247	Address	777 GLADES RD ADMIN, 247
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431
Title	SECRETARY	Title	TREASURER
Name	WILKIE, CHERYL	Name	MILLER, MICHAEL
Address	777 GLADES RD ADMIN, 247	Address	777 GLADES RD ADMIN, 247
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Entity Name: FLORIDA ATLANTIC UNIVERSITY FOUNDATION, INC.

DEPALMA, MICHELLE 777 GLADES ROAD ADMIN 247 BOCA RATON, FL 33431 US

777 GLADES RD ADMIN, 247

Current Principal Place of Business:

ADMIN, 247 BOCA RATON, FL 33431

DOCUMENT# 701858

REPORT

Current Mailing Address:

777 GLADES ROAD ADMIN, 247 BOCA RATON, FL 33431 US

FEI Number: 59-0917284

Name and Address of Current Registered Agent:

I hereby 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 all other like empowered.

SIGNATURE: DAVID KIAN

FILED Jun 30, 2023 Secretary of State 3252094836CC

Certificate of Status Desired: No

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.

PRESIDENT

06/30/2023 Date