


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90174 003 ****70.00

DOCUMENT # F0300006441	
1. Entity Name THE EAST STROUDSBURG UNIVERSITY FOUNDATION, INC.	

Principal Place of Business 200 PROSPECT STREET EAST STROUDSBURG, PA 18301	Mailing Address 200 PROSPECT STREET EAST STROUDSBURG, PA 18301
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number 22-2826714	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
MERRING, RICHARD 1154 ANDREW STREET ENGLEWOOD, FL 34224-4502	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	FL	

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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEARN, ROBERT A		NAME	
STREET ADDRESS 305 LIGGETT BLVD.		STREET ADDRESS	
CITY-ST-ZIP PHILLIPSBURG, NJ 08865		CITY-ST-ZIP	
TITLE VC	<input type="checkbox"/> Delete	TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUBIN, BARTH		NAME Rubin, Barth	
STREET ADDRESS THE BUDGET MOTEL, I-80, EXIT 308		STREET ADDRESS The Budget Motel, I-80, Exit 308	
CITY-ST-ZIP EAST STROUDSBURG, PA 18301		CITY-ST-ZIP East Stroudsburg, PA 18301	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDERS, ISAAC		NAME Sanders, Isaac	
STREET ADDRESS 3030 HAMILTON EAST		STREET ADDRESS 1131-Crestview Drive	
CITY-ST-ZIP STROUDSBURG, PA 18360		CITY-ST-ZIP Stroudsburg, PA 18360	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EL-CHAAR, KAREN		NAME Occhipinti, Joseph	
STREET ADDRESS 450 MOUNTAIN PARK ROAD		STREET ADDRESS Crestwood, 19 Tyler Drive	
CITY-ST-ZIP ALLENTOWN, PA 18103		CITY-ST-ZIP Stroudsburg, PA 18360	
TITLE T	<input checked="" type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MENIO, GREGORY J		NAME Cebular, Denise	
STREET ADDRESS 92 BRINLEIGH DRIVE		STREET ADDRESS 209 North Fifth Street	
CITY-ST-ZIP EAST STROUDSBURG, PA 18301		CITY-ST-ZIP Stroudsburg, PA 18360	
TITLE	<input type="checkbox"/> Delete	TITLE VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Heverin, Joseph	
STREET ADDRESS		STREET ADDRESS 126 Belvidere Avenue	
CITY-ST-ZIP		CITY-ST-ZIP Washington, NJ 07882	

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: *Isaac Sanders* Date: 2/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #