


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000006441

1. Entity Name
THE EAST STROUDSBURG UNIVERSITY FOUNDATION, INC.



Principal Place of Business Mailing Address

**200 PROSPECT STREET
 EAST STROUDSBURG, PA 18301** **200 PROSPECT STREET
 EAST STROUDSBURG, PA 18301**



01182006 No Chg-NP CR2ED37 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**MERRING, RICHARD
 1154 ANDREW STREET
 ENGLEWOOD, FL 34224-4502**

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RUBIN, BARTH THE BUDGET MOTEL, I-80, EXIT 308 EAST STROUDSBURG, PA 18301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, ISAAC 1131 CRESTVIEW DRIVE STROUDSBURG, PA 18360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OCCHIPINTI, JOSEPH CRESTWOOD 19 TYLER DRIVE STROUDSBURG, PA 18360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CEBULAR, DENISE 209 NORTH FIFTH STREET STROUDSBURG, PA 18360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HEVERIN, JOSEPH 126 BELVIDERE AVENUE WASHINGTON, NJ 07882
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000491353
 04/19/06-80017-025 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.

SIGNATURE:  DATE: **3/24/06** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR