


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90855 032 ****70.00

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



90033343



Principal Place of Business
**200 PROSPECT STREET
 EAST STROUDSBURG, PA 18301**

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102007 Chg-NP CR2E037 (12/06)

4. FEI Number
22-2826714

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2007**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rubin, Barth	
STREET ADDRESS	Budget Inn & Suites, I-80 Exit 308	
CITY-ST-ZIP	East Stroudsburg, PA 18301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raison, Pamela J.	
STREET ADDRESS	7306 Mountain Avenue	
CITY-ST-ZIP	Melrose Park, PA 19027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE:  **4/10/07** (570) 402-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #