
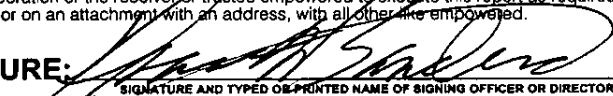


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90010 013 ****70.00

DOCUMENT # F03000006441					
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			
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	4. FEI Number 22-2826714	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input 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		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, BARTH		NAME	Heverin, Joseph C.	
STREET ADDRESS	BUDGET INN & SUITES I-80 EXIT 308		STREET ADDRESS	126 Belvidere Ave	
CITY-ST-ZIP	EAST STROUDSBURG, PA 18301		CITY-ST-ZIP	Washington, NJ 07882	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, ISAAC		NAME		
STREET ADDRESS	1131 CRESTVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	STROUDSBURG, PA 18360		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAISON, PAMELLA J		NAME		
STREET ADDRESS	7306 MOUNTAIN AVE.		STREET ADDRESS		
CITY-ST-ZIP	MELROSE PARK, PA 19027		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEBULAR, DENISE		NAME		
STREET ADDRESS	209 NORTH FIFTH STREET		STREET ADDRESS		
CITY-ST-ZIP	STROUDSBURG, PA 18360		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEVERIN, JOSEPH		NAME	Jamison III, Isaac T.	
STREET ADDRESS	126 BELVIDERE AVENUE		STREET ADDRESS	5435 Chardonnay Court	
CITY-ST-ZIP	WASHINGTON, NJ 07882		CITY-ST-ZIP	Rogers, AR 72758	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 supplementary 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: 				(570) 422-3333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	