


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90010 019 ****61.25

DOCUMENT # F03000005814					
1. Entity Name MONMOUTH UNIVERSITY, INC.					
Principal Place of Business 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764			Mailing Address 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 21-0634584	
Zip		Country		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		
CORPORATE ACCESS, INC. 326 EAST 6TH AVENUE TALLAHASSEE, FL 32303			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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 8, 2004		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAFFNEY, PAUL G II		NAME		
STREET ADDRESS	400 CEDAR AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WEST LONG BRANCH, NJ 07764		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ALAN E		NAME	LARRISON, DEBORAH B	
STREET ADDRESS	400 CEDAR AVENUE		STREET ADDRESS	400 CEDAR AVENUE	
CITY-ST-ZIP	WEST LONG BRANCH, NJ 07764		CITY-ST-ZIP	WEST LONG BRANCH, NJ 07764	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHIAVETTI, ALFRED J JR.		NAME	SCULTHORPE, ROBERT B	
STREET ADDRESS	400 CEDAR AVENUE		STREET ADDRESS	400 CEDAR AVENUE	
CITY-ST-ZIP	WEST LONG BRANCH, NJ 07764		CITY-ST-ZIP	WEST LONG BRANCH, NJ 07764	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOHERTY, PAUL S JR.		NAME	PARKS, STEPHEN M	
STREET ADDRESS	81 GILBERT ROAD		STREET ADDRESS	400 CEDAR AVENUE	
CITY-ST-ZIP	HO-HO-KUS, NJ 074231405		CITY-ST-ZIP	WEST LONG BRANCH, NJ 07764	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKS, STEPHEN M		NAME	SCHIAVETTI, ALFRED J JR	
STREET ADDRESS	900 ROUTE 9		STREET ADDRESS	400 CEDAR AVENUE	
CITY-ST-ZIP	WOODBRIIDGE, NJ 07095		CITY-ST-ZIP	WEST LONG BRANCH, NJ 07764	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORLISS, PAUL W		NAME		
STREET ADDRESS	2430 STATE HIGHWAY #34		STREET ADDRESS		
CITY-ST-ZIP	MANASQUAN, NJ 08736		CITY-ST-ZIP		
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: _____			7/21/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			732 571 342		
			Daytime Phone #		

44049932



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