


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005814
1. Entity Name
MONMOUTH UNIVERSITY, INC.



Principal Place of Business Mailing Address
400 CEDAR AVENUE 400 CEDAR AVENUE
WEST LONG BRANCH, NJ 07764 WEST LONG BRANCH, NJ 07764

DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 21-0634584	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
CORPORATE ACCESS, INC.
326 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	P GAFFNEY, PAUL G II 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARRISONB, DEBORAH B 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCULTHORPE, ROBERT B 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PARKS, STEPHAN M 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIAVETTI, ALFREGO J JR 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORLISS, PAUL W 2430 STATE HIGHWAY #34 MANASQUAN, NJ 08736

U00000204195
01/29/05-80059-014 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Paul G. Gaffney II 1/25/05 732-571-3402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #