


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90001 011 \*\*\*\*70.00

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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

01252006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**21-0634584**

Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
**CORPORATE ACCESS, INC.  
 326 EAST 6TH AVENUE  
 TALLAHASSEE, FL 32303**

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 \_\_\_\_\_  
 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 **May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Paul G. Gaffney, II Date: 2-3-06 732-591-3402  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #