


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90031 010 ****61.25

DOCUMENT # F07000003268					
1. Entity Name THE EASTERN MICHIGAN UNIVERSITY FOUNDATION, INC.					
Principal Place of Business 1349 S. HURON STREET YPSILANTI, MI 48197			Mailing Address 1349 S. HURON STREET YPSILANTI, MI 48197		
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 38-2953297	
				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		
RUNSTADLER, GEORGE JR. 1360 MALLARD DRIVE ENGELWOOD, FL 34224			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 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	D <input type="checkbox"/> Delete	TITLE	Vice-Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREENE, JAMES	NAME	James Greene		
STREET ADDRESS	2723 S. STATE #400	STREET ADDRESS	2723 S. State, #400		
CITY-ST-ZIP	ANN ARBOR, MI 48104	CITY-ST-ZIP	Ann Arbor, MI 48104		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRIS, WILLIAM	NAME			
STREET ADDRESS	POST OFFICE BOX 926	STREET ADDRESS			
CITY-ST-ZIP	MONROE, MI 48161	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARBOUR, DANIEL	NAME	Daniel Arbour		
STREET ADDRESS	POST OFFICE BOX 998	STREET ADDRESS	P.O. Box 998		
CITY-ST-ZIP	ANN ARBOR, MI 48106	CITY-ST-ZIP	Ann Arbor, MI 48106		
TITLE	D <input type="checkbox"/> Delete	TITLE	Vice-Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THOMAS, MAUREEN	NAME	Dale E. Heydlauff		
STREET ADDRESS	9832 COLEDALE CT	STREET ADDRESS	2390 Sherman Rd.		
CITY-ST-ZIP	WHITE LAKE, MI 48386	CITY-ST-ZIP	Columbus, OH 43220		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCZEPANSKI, DARRYL	NAME	Daniel Mamuscia		
STREET ADDRESS	1349 S. HURON STREET	STREET ADDRESS	7168 Autumn Wood Dr.		
CITY-ST-ZIP	YPSILANTI, MI 48197	CITY-ST-ZIP	Brighton, MI 48116		
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BRUCHANSKI, KENNETH	NAME	Maria Cyars		
STREET ADDRESS	3708 EDINBOROUGH	STREET ADDRESS	1349 S. Huron St.		
CITY-ST-ZIP	ROCHESTER HILLS, MI 49306	CITY-ST-ZIP	Ypsilanti, MI 48197		

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: Maria A. Cyars Maria A. Cyars 7/29/08 734-481-2304
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #