


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F07000004206</b>	
1. Entity Name <b>GEORGIAN COURT UNIVERSITY, A NEW JERSEY NON PROFIT CORPORATION</b>	

Principal Place of Business <b>900 LAKEWOOD AVENUE          LAKEWOOD, NJ 08701-2697</b>	Mailing Address <b>900 LAKEWOOD AVENUE          LAKEWOOD, NJ 08701-2697</b>
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04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>21-0634981</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331**

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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, 2008**

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 JEFFRIES, ROSEMARY E PH.D. 900 LAKEWOOD AVENUE LAKEWOOD, NJ 087012697
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLIWA, BARBARA 900 LAKEWOOD AVENUE LAKEWOOD, NJ 087012697
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUHRMAN, MARY E RSM 900 LAKEWOOD AVENUE LAKEWOOD, NJ 087012697
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, EDMUND JR. 725 AIRPORT ROAD LAKEWOOD, NJ 08701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIMILUCA, MICHELE 246 RAYMOND BOULEVARD NEWARK, NJ 07105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRODDICK, JOHN F SR. 2182 STATE ROUTE 35 HOLMDEL, NJ 077331125

U00000897898  
 04/25/08-80066-016 61.25

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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:** *Rosemary Jeffries* **4-10-08** **732-987-2105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #