## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| 1996       |       |  |  |
|------------|-------|--|--|
| DOCUMENT # | NIOZE |  |  |

161

| STETSON UNIVERSITY, INC.   |  |   |  |  |  |  |  |                  |                        |   |
|--|--|---|--|--|--|--|--|------------------|------------------------|---|
| Principal Place of Business Mailing Address  421 NORTH WOODLAND BOULEVARD DELAND FL 32720  Mailing Address  421 NORTH WOODLAND BOULEVARD DELAND FL 32720   |  |   |  |  |  | 3  <del>1</del>  |  | MINII BINSI INDI |                        |   |
|  |  |   |  |  |  |  |  |                  |                        |   |
|  |  |   |  |  |  |  | 3. Date Incorporated or Qualified  | 3a. [            | ate of Last F          |   |
|  |  |   |  |  |  | <u></u>  | 09/14/1988   |                  | 10/09/19               |   |
| 2. Principal Pla   | ice of Business  | h1  | Mailing Address  |  |  |  | 4. FEI Number<br>59-0624416  |                  | <b></b>                | pplied For  |
| <u> </u>   |  | 26  | O. St. Ann. B. ata   |  |  |  | 39 00244 10  |                  |                        | lot Applicable<br>Additional                          |
| ្សuite, Apt. #   | F, etc.  | 27  | Suite, Apt. #, etc.  |  |  |  | 5. Certificate of Status Desired   |                  |                        | Required  |
| City & State   |  | 1271  | City & State   |  |  |  | 6. Election Campaign Financing   |                  | \$5.00                 | May Be  |
| 3  |  | 28  | •  |  |  |  | Trust Fund Contribution  |                  |                        | to Fees   |
| Zip  | Country  |   | Zip  | Coi  | untry  |  | 8. This corporation has liability for  |                  |                        | 199.032,  |
|  | 25   | 29  |  | 30   |  |  | Tionad Stationes   | Yes [            |                        |   |
|  | 9. Name and Address of Curre   | ent Regis   | tered Agent  |  | -  |  | 10. Name and Address of New I  | Registered       | Agent                  |   |
|  |  |   |  |  |  | Name   |  |                  |                        |   |
| GRAHAN   | A, ANN Y MRS.  |   |  |  | 82   | Street Addr  | ess (P.O. Box Number is Not Acceptat   | ole)             |                        |   |
| 421 NORTH WOODLAND BOULEVARD   |  |   |  |  |  |  |  |                  |                        |   |
| BOX 827  |  |   |  |  | 83   |  |  |                  |                        |   |
| DELAND   | FL 32720   |   |  |  | 84   | City   |  | FI               | 85 Zip                 | Code  |
| or registers   | ed agent, or both, in the State of Flo<br>th, and accept the obligations of, Sec   | vida Suct   | n change was author  | zea by the   | ove-na<br>corpor   | inied corpor<br>ration's boar  | ration submits this statement for the pured of directors. I hereby accept the app  | pointment a      | as registered          | agent. I am   |
| or registere<br>familiar wit<br>S'GNATURE _  | ed agent, or both, in the State of Flo<br>th, and accept the obligations of Sec<br>Signature typed or printed name of registered ag-   | oricla Suct<br>otion 617.   | n change was authori<br>,0503, Florida Statute   | zea by the<br>s.   | corpor   | ration's boar  | ration submits this statement for the pured of directors. I hereby accept the app<br>of when remodified<br>ADDITIONS CHANGES TO OF | DATE             |                        |   |
| or registere<br>familiar wit<br>S/GNATURE  | ed agent, or both, in the State of Flo<br>th, and accept the obligations of, Sec<br>Signature typed or printed name of registered ag-<br>OFFICERS AI   | oricla Suct<br>otion 617.   | n change was authori<br>,0503, Florida Statute   | zed by the is.   | corpor   | ration's boar  | d when renistating)  | DATE             |                        |   |
| or registers familiar with S'GNATURE   | ed agent, or both, in the State of Flo<br>th, and accept the obligations of, Sec<br>Signature typed or printed name of registered ag-<br>OFFICERS AI   | oricla Suct<br>otion 617.   | n change was authori<br>.0503, Florida Statute<br>accidable (N   | Zed by the S.  IOTal Registere  1.11   | corpor   | ration's boar  | d when renistating)  | DATE             | ND DIRECTO             | RSIN 12   |
| or registere familiar wit S:GNATURE  | ed agent, or both, in the State of Flo<br>th, and accept the obligations of, Sec<br>Signature typed or printed name of registered ag-<br>OFFICERS AI   | orida Suct<br>otion 617.<br>Intraddite 1<br>NO DIREC  | n change was author<br>0503, Florida Statute<br>a: dr. uldu (N<br>DELETE   | OT:: Registers  13 1.11  | corpor<br>ed Agent s   | signature recurs   | d when renistating)  | DATE             | ND DIRECTO             | RSIN 12   |
| or registers familiar with Schaller and Schaller and Schaller address Scha | ed agent, or both, in the State of Flo th, and accept the obligations of, Sec Signature typed or printed name of registered ag- OFFICERS AI P LEE, H. DOUGLAS  | orida Suct<br>otion 617.<br>Intraddite 1<br>NO DIREC  | n change was authori<br>0503, Florida Statute<br>as a body of the Constitution of the Cons | OT: Registers  13  1.11  121  133  144   | d Agent s . TITLE NAME STREET A  | Signature records  | d when renistating)  | DATE             | UD DIRECTO             | RS IN 12  |
| or registere<br>familiar wit<br>S'GNATURE _<br>12.   | ed agent, or both, in the State of Florth, and accept the obligations of, Social Structure typed or printed name of registered agent of the PLEE, H. DOUGLAS 421 NORTH WOODLAND B  | orida Suct<br>otion 617.<br>Intraddite 1<br>NO DIREC  | n change was author<br>0503, Florida Statute<br>a: dr. uldu (N<br>DELETE   | 13   | ad Agent s . TITLE NAME STREET AL CITY-S1-   | Signature records  | d when renistating)  | DATE             | ND DIRECTO             | RS IN 12  |
| or registers familiar wit S:GNATURE _  12.  THE WAME S: REET ADDRESS CITY-SI-ZIP HILE  | ed agent, or both, in the State of Florth, and accept the obligations of, Sec Struture typed or printed name of registered agent of Florens AI P LEE, H. DOUGLAS 421 NORTH WOODLAND BY DELAND FL 32720 T MASTER, JOSEPH J  | orida Suct<br>otion 617.<br>ont and size 1<br>ND DIREC  | n change was authon 0503, Florida Statute as when the CTORS DELETE   | 221 221  | E Agent S TITLE NAME STREET AL GITY- ST- TITLE NAME  | signature recore   | d when renistating)  | DATE             | UD DIRECTO             | RS IN 12  |
| or registers familiar with familiar with segmentation of the same  | ed agent, or both, in the State of Floch, and accept the obligations of, Sec Signature system of printed name of registered agency of the Committee of the Comm | orida Suct<br>otion 617.<br>ont and size 1<br>ND DIREC  | n change was authon 0503, Florida Statute as when the CTORS DELETE   | 221 221 233  | Agent s TITLE NAME STREET AI TITLE NAME STREET A   | DDRESS   | d when renistating)  | DATE             | UD DIRECTO             | RS IN 12  |
| or registers familiar wit familiar wit screen and response to the screen address outy-si-zip fitte street address outy-si-zip outy-si-zip  | ed agent, or both, in the State of Florth, and accept the obligations of, Sec Stgrature system or printed name of registered agencies. OFFICERS AT P  LEE, H. DOUGLAS  421 NORTH WOODLAND BY DELAND FL 32720  T  MASTER, JOSEPH J  421 NORTH WOODLAND BY DELAND FL 32720   | orida Suct<br>otion 617.<br>ont and size 1<br>ND DIREC  | Thange was author 0503, Florida Statute of the CTORS DELETE  | 7ed by the S.  133 1.11 121 133 144 211 221 233  | COPPOR  A Agent S  TITLE  NAME  STREET AI  CITY - ST  TITLE  NAME  STREET A  CITY - ST   | DDRESS   | d when renistating)  | DATE             | NO DIRFCTO Change      | RS IN 12 Addition                                     |
| or register familiar wit familiar wit segment familiar wit 12.  Title  NAME  SYREET ADDRESS  CITY-SI-7IP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  | ed agent, or both, in the State of Florth, and accept the obligations of, Sec Stgrature system or printed name of registered agencies. OFFICERS AT P  LEE, H. DOUGLAS  421 NORTH WOODLAND BY DELAND FL 32720  T  MASTER, JOSEPH J  421 NORTH WOODLAND BY DELAND FL 32720  S  | orida Suct<br>otion 617.<br>ont and size 1<br>ND DIREC  | n change was authon 0503, Florida Statute as when the CTORS DELETE   | 22d by the S.  133 1.11 121 133 144 211 221 233 2 4  | Ed Agent s  TITLE NAME STREET AL CHY-SI- TITLE NAME STREET AL CHY-SI- TITLE NAME STREET AL CHY-ST  | DDRESS   | d when renistating)  | DATE             | UD DIRECTO             | RS IN 12  |
| or register familiar wit familiar wit segment familiar wit 12.  Title  NAME  SPREET ADDRESS  CITY-SI-7IP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  | ed agent, or both, in the State of Florth, and accept the obligations of, Sec Stgrature system or printed name of registered agencies. OFFICERS AT P  LEE, H. DOUGLAS  421 NORTH WOODLAND BY DELAND FL 32720  T  MASTER, JOSEPH J  421 NORTH WOODLAND BY DELAND FL 32720  S  PELAND FL 32720  S  PELHAM, JOHN L  | orda Suct<br>ction 617.   | The change was author 0.0503, Florida Statute  BELETE  □ DELETE  □ DELETE  □ DELETE  □ DELETE  | 26d by the S.  13  1.1  121  133  21  221  233  2 4  31  32  | COPPOR  A Agent S  TITLE  NAME  STREET AI  CITY - ST  TITLE  NAME  STREET A  CITY - ST   | DDRESS LOURESS 1-71P   | d when renistating)  | DATE             | NO DIRFCTO Change      | RS IN 12 Addition                                     |
| Or register familiar wit familiar wit scient familiar wit 12.  Title  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | ed agent, or both, in the State of Florth, and accept the obligations of, Sec Stgrature system or printed name of registered agencies. OFFICERS AT P  LEE, H. DOUGLAS  421 NORTH WOODLAND BY DELAND FL 32720  T  MASTER, JOSEPH J  421 NORTH WOODLAND BY DELAND FL 32720  S  PELHAM, JOHN L  421 NORTH WOODLAND BY DELAND FL 32720   | orda Suct<br>ction 617.   | The change was author 0.0503, Florida Statute  BELETE  □ DELETE  □ DELETE  □ DELETE  □ DELETE  | 2ed by the S.  133 1.11 121 133 144 211 221 233 2 4 31 32 33   | Agent's TITLE NAME STREET AL GITY-ST- TITLE NAME STREET A GITY-ST- TITLE NAME STREET A GITY-ST- TITLE NAME   | DDRESS LODGESS LODGESS   | d when renistating)  | DATE             | NO DIRFCTO Change      | RS IN 12 Addition                                     |
| or register familiar wit S'GNATURE:  12.  TITLE NAME S'REET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS C'TY-ST-ZIP TITLE NAME STREET ADDRESS C'TY-ST-ZIP TITLE NAME STREET ADDRESS C'TY-ST-ZIP  | ed agent, or both, in the State of Floch, and accept the obligations of, Security, and accept the obligations of Security of Security, and accept the obligations of Security of Security, and accept the obligations of Security of  | orda Suct<br>ction 617.   | The change was author 0.0503, Florida Statute  BELETE  □ DELETE  □ DELETE  □ DELETE  □ DELETE  | 22d by the S.  13  1.1  121  133  21  221  233  24  31  32  33  34   | EORPOR   | DDRESS LODGESS LODGESS   | d when renistating)  | DATE             | NO DIRFCTO Change      | RS IN 12 Addition                                     |
| OF register familiar wit S'GNATURE:  12.  TITLE  NAME  S'REET ADDRESS  CITY-ST-ZIP  TITLE  NAME  S'REET ADDRESS  C'TY-ST-ZIP  TITLE  NAME  STREET ADDRESS  C'TY-ST-ZIP  TITLE  NAME  STREET ADDRESS  C'TY-ST-ZIP  TITLE  | ed agent, or both, in the State of Florth, and accept the obligations of, Sec.  Signature system of printed name of registered agencies. OFFICERS AT P  LEE, H. DOUGLAS  421 NORTH WOODLAND BY DELAND FL 32720  T  MASTER, JOSEPH J  421 NORTH WOODLAND BY DELAND FL 32720  S  PELHAM, JOHN L  421 NORTH WOODLAND BY DELAND FL 32720  D  D   | orda Suct<br>ction 617.   | Change was authoricated  | 22d by the S.  133 1.11 121 133 144 211 221 233 24 31 32 33 34 4.1   | EORPOR   | DDRESS LODGESS LODGESS   | d when renistating)  | DATE             | Change                 | RS IN 2 Addition Addition                             |
| Or register familiar wit science familiar wit science familiar wit science familiar with science familiar with science familiar f | ed agent, or both, in the State of Floch, and accept the obligations of, Security, and accept the obligations of Security of Security, and accept the obligations of Security of Security, and accept the obligations of Security of  | MICHAEL SUCKERS OF THE S | DELETE  ARD  DELETE  DELETE  | 22d by the S.  13  11: 12: 13: 144  21: 22: 24  31  32  33  34  4.1  | COPPOR   | DDRESS - 7IP ADDRESS - 7IP   | d when renistating)  | DATE             | Change                 | RS IN 2 Addition Addition                             |
| Or registere familiar wit segment familiar wit segment familiar wit segment familiar with segment familiar fami | ed agent, or both, in the State of Floch, and accept the obligations of, Secondary speed or printed name of registered agencies.  Signature system or printed name of registered agency of the system  | MICHAEL SUCKERS OF THE S | DELETE   | 2012 Registers  13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 3.4 4.1 4.2 4.3 4.4  | COMPONENT STREET A CONTY STREET A CO | ADDRESS  1- ZIP  ADDRESS  1- ZIP   | d when renistating)  | DATE             | Change  Change         | RS IN 12 Addition Addition Addition                   |
| Or registere familiar wit segment familiar wit segment familiar wit segment familiar with segment familiar fami | ed agent, or both, in the State of Floch, and accept the obligations of, Secondary Structure system or printed name of registered agency of the State of P LEE, H. DOUGLAS 421 NORTH WOODLAND BY DELAND FL 32720  T MASTER, JOSEPH J 421 NORTH WOODLAND BY DELAND FL 32720  S PELHAM, JOHN L 421 NORTH WOODLAND BY DELAND FL 32720  D BROWN, J. HYATT % STETSON UNIVERSITY, ODELAND FL 32720  D  | MICHAEL SUCKERS OF THE S | DELETE  ARD  DELETE  DELETE  | 220 by the St.  133 1.11 1.21 1.33 1.44 2.11 2.24 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1  | COMPONENT CONTROL OF C | ADDRESS  1- ZIP  ADDRESS  1- ZIP   | d when renistating)  | DATE             | Change                 | RS IN *2 Addition Addition                            |
| OF TOPISTER  OF TOPIST  OF T | ed agent, or both, in the State of Floch, and accept the obligations of, Section, and accept the obligations of, Section of Section  | MICHAEL SUCKERS OF THE S | DELETE   | 220 by the S.  13  11: 12: 13: 144  21: 22: 23: 24  31  32  34  41  42  14: 51   | COMPONENT CONTROL OF C | ADDRESS  1- ZIP  ADDRESS  1- ZIP  ADDRESS  1- ZIP                            | d when renistating)  | DATE             | Change  Change         | RS IN 12 Addition Addition Addition                   |
| OF TOGISTER  OF TOGISTER  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | ed agent, or both, in the State of Floch, and accept the obligations of, Section, and Secting Section, and Section, and Section, and Section, and Section, a | MICHAEL SUCKERS OF THE S | DELETE   | 27 Projected by the St. 11 12 13 13 14 14 15 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15  | COTPORT  TITLE  NAME STREET AL  CITY ST  TITLE  NAME STREET A  CITY ST  TITLE  NAME STREET A  CITY ST  TITLE  NAME STREET A  S | ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP                   | d when renistating)  | DATE             | Change  Change         | RS IN 12 Addition Addition Addition                   |
| OF FOGISTER  OF FO | ed agent, or both, in the State of Floch, and accept the obligations of, Secondary of the state of Floch, and accept the obligations of, Secondary of the state of Floch, and accept the obligations of, Secondary of | MICHAEL SUCKERS OF THE S | Change was authon  | 220 by the S   | COTY STILLE NAME STREET AL CUTY STILLE NAME CUTY STILLE NAME STREET AL CUTY STILLE NAME  | ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP                   | d when renistating)  | DATE             | Change  Change  Change | RS IN 2 Addition Addition Addition Addition           |
| OF FOGISTER  OF FO | ed agent, or both, in the State of Floch, and accept the obligations of, Secondary Great Secondary Cofficers at P LEE, H. DOUGLAS 421 NORTH WOODLAND BY DELAND FL 32720  T MASTER, JOSEPH J 421 NORTH WOODLAND BY DELAND FL 32720  S PELHAM, JOHN L 421 NORTH WOODLAND BY DELAND FL 32720  D BROWN, J. HYATT % STETSON UNIVERSITY, DELAND FL 32720  D DAWSON, MARIE 302 E NEW YORK AVE DELAND FL   | MICHAEL SUCKERS OF THE S | DELETE   | 220 by the S   | COTPORT  TITLE  NAME STREET AL  CITY ST  TITLE  NAME STREET A  CITY ST  TITLE  | ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP                   | d when renistating)  | DATE             | Change  Change         | RS IN 12 Addition Addition Addition                   |
| OF register familiar wit S-GNATURE:  112.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | ed agent, or both, in the State of Floch, and accept the obligations of, Secondary Greater system of period name of registered agency of the Committee of the C | MICHAEL SUCKERS OF THE S | Change was authon  | 220 by the S   | COTPORT  TITLE  NAME STREET AL  CITY-ST  TITLE  NAME STREET A  NAME STREET A  NAME STREET A  NAME   | DDRESS -7IP ADDRESS -7IP ADDRESS -7IP ADDRESS -7IP ADDRESS -7IP ADDRESS -7IP | d when renistating)  | DATE             | Change  Change  Change | RS IN '2 Addition Addition Addition Addition Addition |
| OF FOGISTER  OF FO | ed agent, or both, in the State of Floch, and accept the obligations of, Secondary Great Secondary Cofficers at P LEE, H. DOUGLAS 421 NORTH WOODLAND BY DELAND FL 32720  T MASTER, JOSEPH J 421 NORTH WOODLAND BY DELAND FL 32720  S PELHAM, JOHN L 421 NORTH WOODLAND BY DELAND FL 32720  D BROWN, J. HYATT % STETSON UNIVERSITY, DELAND FL 32720  D DAWSON, MARIE 302 E NEW YORK AVE DELAND FL   | MICHAEL SUCKERS OF THE S | Change was authon  | 220 by the S. S. S. Proposer of the Proposer o | COTPORT  TITLE  NAME STREET AL  CITY ST  TITLE  NAME STREET A  CITY ST  TITLE  | ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP                   | d when renistating)  | DATE             | Change  Change  Change | RS IN '2 Addition Addition Addition Addition Addition |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PROGRESSION OF PRO