


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 28 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N27521**  
 1. Corporation Name  
**STETSON UNIVERSITY, INC.**

Principal Place of Business <b>421 NORTH WOODLAND BOULEVARD DELAND FL 32720</b>	Mailing Address <b>421 NORTH WOODLAND BLVD DELAND FL 32720</b>
--	---

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address	<b>3</b> Date Incorporated or Qualified <b>09/14/1988</b>	<b>3a.</b> Date of Last Report <b>10/09/1996</b>
<b>22</b> Suite, Apt. #, etc.	<b>27</b> Suite, Apt. #, etc.	<b>4.</b> FEI Number <b>59-0624416</b>	Applied For Not Applicable
<b>23</b> City & State	<b>28</b> City & State	<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>24</b> Zip	<b>29</b> Zip	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>25</b> Country	<b>30</b> Country	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**GRAHAM, ANN Y MRS.**  
**421 NORTH WOODLAND BOULEVARD**  
**BOX 8278**  
**DELAND FL 32720**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>LEE, H. DOUGLAS</b>
STREET ADDRESS	<b>421 NORTH WOODLAND BOULEVARD</b>
CITY-ST-ZIP	<b>DELAND FL 32720</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>MASTER, JOSEPH J</b>
STREET ADDRESS	<b>505 E NEW YORK AVE - STE 3</b>
CITY-ST-ZIP	<b>DELAND FL 32724</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PELHAM, JOHN L</b>
STREET ADDRESS	<b>421 NORTH WOODLAND BOULEVARD</b>
CITY-ST-ZIP	<b>DELAND FL 32720</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, J. HYATT</b>
STREET ADDRESS	<b>c/o STETSON UNIVERSITY, 421 N WOODLAND BLVD</b>
CITY-ST-ZIP	<b>DELAND FL 32720</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DAWSON, MARIE</b>
STREET ADDRESS	<b>302 E NEW YORK AVE</b>
CITY-ST-ZIP	<b>DELAND FL 32720</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GAYLORD, FRANKLIN T.</b>
STREET ADDRESS	<b>804 N BAY ST</b>
CITY-ST-ZIP	<b>EUSTIS FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>S HAND, DOLLY</b>
3.3 STREET ADDRESS	<b>P.O. BOX 572</b>
3.4 CITY-ST-ZIP	<b>BELLE GLADE FL 33430 (N/A)</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>100002127641</b>
4.3 STREET ADDRESS	<b>-03/28/97--01128--004</b>
4.4 CITY-ST-ZIP	<b>***70.00</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D HOLLIS, MARK</b>
5.3 STREET ADDRESS	<b>c/o STETSON UNIVERSITY, 421 N WOODLAND BLVD</b>
5.4 CITY-ST-ZIP	<b>DELAND FL 32720</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D MCNAMARA, DENNIS C.</b>
6.3 STREET ADDRESS	<b>c/o STETSON UNIVERSITY, 421 N WOODLAND BLVD</b>
6.4 CITY-ST-ZIP	<b>DELAND FL 32720</b>

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann Y Graham*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ANN Y. GRAHAM, VP BUS+FINANCE**

Date: **2/27/97**  
 Daytime Phone #: **904-822-7015**

CP2E037 (9/96)