

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N27521 (6)
1. Corporation Name
STETSON UNIVERSITY, INC.



Principal Place of Business 421 NORTH WOODLAND BOULEVARD DELAND FL 32720	Mailing Address 421 NORTH WOODLAND BOULEVARD DELAND FL 32720
--	--

3. Date Incorporated or Qualified
09/14/1988

4. FEI Number
59-0624416

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business 21	2a. Mailing Address 26
---	----------------------------------

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

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
----------------------------------	----------------------------------

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
---------------------------	---------------------------

7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
------------------	----------------------	------------------	----------------------

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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

81 Name Dr. Judson P. Stryker
82 Street Address (P.O. Box Number is Not Acceptable) 421 N. Woodland Blvd.
83 Box 8278
84 City DeLand
85 Zip Code FL 32720

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.
January 14, 1998

SIGNATURE *Judson P. Stryker* **Judson P. Stryker, Acting Vice President and Chief Financial Officer**

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME LEE, H. DOUGLAS	
STREET ADDRESS 421 NORTH WOODLAND BOULEVARD	
CITY-ST-ZIP DELAND FL 32720	
TITLE T	<input type="checkbox"/> DELETE
NAME MASTER, JOSEPH J	
STREET ADDRESS 505 E NEW YORK AVE. STE. 3	
CITY-ST-ZIP DELAND FL 32724	
TITLE S	<input type="checkbox"/> DELETE
NAME HAND, DOLLY	
STREET ADDRESS PO BOX 572 NA	
CITY-ST-ZIP BELLE GLADE FL 33430	
TITLE D	<input type="checkbox"/> DELETE
NAME BROWN, J. HYATT	
STREET ADDRESS % STETSON UNIVERSITY, 421 N. WOODLAWN BLVD	
CITY-ST-ZIP DELAND FL 32720	
TITLE D	<input type="checkbox"/> DELETE
NAME HOLLIS, MARK	
STREET ADDRESS % STETSON UNIVERSITY, 421 N. WOODLAWN BLVD	
CITY-ST-ZIP DELAND FL 32720	
TITLE D	<input type="checkbox"/> DELETE
NAME MCNAMARA, DENNIS C	
STREET ADDRESS % STETSON UNIVERSITY, 421 N. WOODLAWN BLVD	
CITY-ST-ZIP DELAND FL 32720	

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Judson P. Stryker* **SIGNATURE REQUIRED** **January 14, 1998 (904) 822-701**

CR2E087 (10/97)