2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# 720252

Entity Name: STETSON BUSINESS SCHOOL FOUNDATION INC

Current Principal Place of Business:

CAMPUS BOX 8398 STETSON UNIV.
421 N. WOODLAND BLVD
DELAND, FL 32723 US

New Principal Place of Business:

Current Mailing Address:

CAMPUS BOX 8398 STETSON UNIV.
421 N. WOODLAND BLVD
DELAND, FL 32723 US

New Mailing Address:

FEI Number: 23-7138942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRYKER, JUDSON P
951 ROLLING ACRES DRIVE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: SCHEINER, JAMES H
Address: 177 CRYSTAL OAK DRIVE
City-St-Zip: DELAND, FL 32720

Title: V ( ) Delete
Name: STRYKER, JUDSON
Address: 951 ROLLING ACRES DR
City-St-Zip: DELAND, FL 32720

Title: TD (X) Delete
Name: MASTER, JOSEPH J,
Address: 1250 PRIVATE DR.
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: LANKFORD, CANDACE
Address: 330 LAKE WINNEMISSETT DR
City-St-Zip: DELAND, FL 32724

Title: PD ( ) Delete
Name: BOND, JAY D JR
Address: 1428 N. HALIFAX AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: STRYKER, JUDSON
Address: 951 ROLLING ACRES DR
City-St-Zip: DELAND, FL 32720

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDSON P. STRYKER T 01/30/2009
Electronic Signature of Signing Officer or Director Date