2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000006441

1. Entity Name
THE EAST STROUDSBURG UNIVERSITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
200 PROSPECT STREET EAST STROUDSBURG, PA 18301	200 PROSPECT STREET EAST STROUDSBURG, PA 18301

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01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number
22-2826714
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MERRING, RICHARD
1154 ANDREW STREET
ENGLEWOOD, FL 34224-4502

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	RUBIN, BARTH
STREET ADDRESS	THE BUDGET MOTEL, I-80, EXIT 308
CITY-ST-ZIP	EAST STROUDSBURG, PA 18301
TITLE	D
NAME	SANDERS, ISAAC
STREET ADDRESS	1131 CRESTVIEW DRIVE
CITY-ST-ZIP	STROUDSBURG, PA 18360
TITLE	S
NAME	OCCHIPNTI, JOSEPH
STREET ADDRESS	CRESTWOOD 19 TYLER DRIVE
CITY-ST-ZIP	STROUDSBURG, PA 18360
TITLE	T
NAME	CEBULAR, DENISE
STREET ADDRESS	209 NORTH FIFTH STREET
CITY-ST-ZIP	STROUDSBURG, PA 18360
TITLE	VC
NAME	HEVERIN, JOSEPH
STREET ADDRESS	126 BELVIDERE AVENUE
CITY-ST-ZIP	WASHINGTON, NJ 07882
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

J00000491353
04/19/06-80017-025 70.00

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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: _____ 3/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #