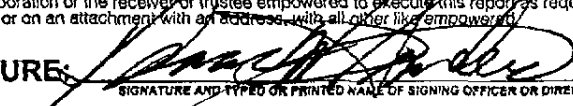


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 200 PROSPECT STREET EAST STROUDSBURG, PA 18301	Mailing Address 200 PROSPECT STREET EAST STROUDSBURG, PA 18301	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MERRING, RICHARD 1154 ANDREW STREET ENGLEWOOD, FL 34224-4502		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
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 NAME STREET ADDRESS CITY-ST-ZIP	C RUBIN, BARTH THE BUDGET MOTEL, I-80, EXIT 308 EAST STROUDSBURG, PA 18301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, ISAAC 1131 CRESTVIEW DRIVE STROUDSBURG, PA 18360	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OCCHIPINTI, JOSEPH CRESTWOOD 19 TYLER DRIVE STROUDSBURG, PA 18360	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CEBULAR, DENISE 209 NORTH FIFTH STREET STROUDSBURG, PA 18360	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HEVERIN, JOSEPH 126 BELVIDERE AVENUE WASHINGTON, NJ 07882	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 empowerment.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/24/06 Date Daytime Phone #



01182006 No Chg-NP CR2ED37 (11/05)

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

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

1100000491353
04/19/06-80017-025 70.00

**DO NOT WRITE
IN THIS SPACE**