## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000006441

FILED Apr 23, 2009 Secretary of State

Entity Name: THE EAST STROUDSBURG UNIVERSITY FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 200 PROSPECT STREET EAST STROUDSBURG, PA 18301 **Current Mailing Address: New Mailing Address:** 200 PROSPECT STREET EAST STROUDSBURG, PA 18301 FEI Number: 22-2826714 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MERRING, RICHARD 1154 ANDREW STREET ENGLEWOOD, FL 342244502 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition HEVERIN, JOSEPH C JAMISON, ISAAC T Name: Name: 126 BELVIDERE AVE Address: 5435 CHARDONNAY COURT Address: City-St-Zip: WASHINGTON, NJ 07882 City-St-Zip: ROGERS, AR 72758 Title: () Delete Title: (X) Change ( ) Addition SANDERS, ISAAC Name: ROSS, JOHN J Name: Address: 1131 CRESTVIEW DRIVE Address: 3478 DEVILS HOLE ROAD City-St-Zip: STROUDSBURG, PA 18360 City-St-Zip: CRESCO, PA 18326 Title: () Delete Title: (X) Change ( ) Addition RAISON, PAMELLA J CEBULAR, DENISE M Name: Name: 7306 MOUNTAIN AVE. Address: Address: 209 NORTH 5TH STREET City-St-Zip: MELROSE PARK, PA 19027 City-St-Zip: STROUDSBURG, PA 18360 Title: (X) Delete Title: () Change () Addition Name: CEBULAR, DENISE Name: Address: 209 NORTH FIFTH STREET Address: City-St-Zip: STROUDSBURG, PA 18360 City-St-Zip: VC Title: (X) Delete Title: () Change () Addition JAMISON III, ISAAC T Name: Name: 5435 CHARDONNAY COURT Address: Address: City-St-Zip: ROGERS, AR 72758 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: JOHN J. ROSS DIR 04/23/2009