2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 03, 2005 8:00 am Secretary of State

05-03-2005 90170 017 ****70.00

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1. Entity Name

STETSON UNIVERSITY COLLEGE OF LAW EVENTS



FOUNDATION, INC. Mailing Address Principal Place of Business 20055634 1401 61ST STREET SOUTH 1401 61ST STREET SOUTH GULFPORT, FL 33707 GULFPORT, FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 CR2E037 (10/03) City & State City & State Applied For 20-2320645 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICK BREWER D & B CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 5999 CENTRAL AVENUE SUITE 202 1401 - 61ETST. South SAINT PETERSBURG, FL 33710 ST. PETERS bURG 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 SIGNATURE 4 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. D TITLE ☐ Change ■ Addition TITLE Delete DICKERSON, DARBY NAME NAME 1401 61ST STREET SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GULFPORT, FL 33707 CITY-ST-ZIP D ☐ Change ☐ Addition ☐ Delete TITLE TITLE GARDNER, ROYAL C NAME NAME 1401 61ST STREET SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GULFPORT, FL 33707 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME BRESSI, DOROTHY E NAME STREET ADDRESS 1401 61ST STREET SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GULFPORT, FL 33707 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 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 of 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 attachme

SIGNATURE: