

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27521

Entity Name: STETSON UNIVERSITY, INC.

FILED
Jan 12, 2004
Secretary of State**Current Principal Place of Business:**421 NORTH WOODLAND BOULEVARD
UNIT 8278
DELAND, FL 32723**New Principal Place of Business:****Current Mailing Address:**421 NORTH WOODLAND BOULEVARD
UNIT 8278
DELAND, FL 32723**New Mailing Address:**

FEI Number: 59-0624416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DOWLING, SALLY A
421 NORTH WOODLAND BOULEVARD
UNIT 8278, ELIZABETH HALL, RM. 103
DELAND, FL 327233756 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: P () Delete
Name: LEE, H. DOUGLAS
Address: 421 NORTH WOODLAND BOULEVARD
City-St-Zip: DELAND, FL 32720Title: D () Delete
Name: LANDERS, JOSEPH W JR.
Address: % STETSON UNIV., 421 N WOODLAND BLVD
City-St-Zip: DELAND, FL 327203756Title: V () Delete
Name: DOWLING, SALLY A
Address: 421 NORTH WOODLAND BLVD
City-St-Zip: DELAND, FL 32720Title: V () Delete
Name: BEASLEY, JAMES R
Address: % STETSON UNIV., 421 N WOODLAND BLVD
City-St-Zip: DELAND, FL 327203756Title: D () Delete
Name: RINKER, DAVID B
Address: % STETSON UNIV, 421 N WOODLAND BLVD
City-St-Zip: DELAND, FL 32720Title: D () Delete
Name: HAND, DOLLY
Address: % STETSON UNIV, 421 N WOODLAND BLVD
City-St-Zip: DELAND, FL 32720**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
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Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: DE ARMAS, NESTOR
Address: % STETSON UNIV, 421 N WOODLAND BLVD
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SALLY A. DOWLING

V

01/12/2004

Electronic Signature of Signing Officer or Director

Date