2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# N27521

Entity Name: STETSON UNIVERSITY, INC.

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 (X)**

Name and Address of Current Registered Agent:

DOWLING, SALLY A
421 NORTH WOODLAND BOULEVARD
UNIT 8278, ELIZABETH HALL, ROOM 103
DELAND, FL 32723 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, UNIT 8258	
City-St-Zip:	DELAND, FL 32723	
Title:	D	( ) Delete
Name:	LANDERS, JOSEPH W JR.	
Address:	% STETSON UNIV., 421 N. WOODLAND BLVD.	
City-St-Zip:	DELAND, FL 32723	
Title:	VP	( ) Delete
Name:	DOWLING, SALLY A	
Address:	421 N. WOODLAND BLVD., UNIT 8278	
City-St-Zip:	DELAND, FL 32723	
Title:	VP	( ) Delete
Name:	BEASLEY, JAMES R	
Address:	421 N. WOODLAND BLVD., UNIT 8357	
City-St-Zip:	DELAND, FL 32723	
Title:	VP	( ) Delete
Name:	DICKERSON, DARBY A	
Address:	1401 61ST STREET SOUTH	
City-St-Zip:	GULF PORT, FL 33707	
Title:	D	( ) Delete
Name:	DE ARMAS, NESTOR	
Address:	421 N. WOODLAND BLVD.	
City-St-Zip:	DELAND, FL 32723	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	PAUL, HARLAND	
Address:	% STETSON UNIV., 421 N. WOODLAND BLVD.	
City-St-Zip:	DELAND, FL 32723	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: SALLY A. DOWLING VP 01/18/2007

Electronic Signature of Signing Officer or Director — Date