

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 14, 2008 8:00 am
Secretary of State

01-23-2008 90009 026 ****61.25

DOCUMENT # F99000002261
 1. Entity Name
 LOMA LINDA UNIVERSITY, A CALIFORNIA CORPORATION



Principal Place of Business
 11145 ANDERSON ST. RM 203
 LOMA LINDA, CA 92354

Mailing Address
 OFFICE OF LEGAL COUNSEL
 24946 STARR STREET
 LOMA LINDA, CA 92354

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 95-1816009

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SEAL, ROBERT C
 684 MOURNING DOVE CR.
 LAKE MARY, FL 32746

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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: Robert W. Frost DATE: Jan. 11, 2008

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2008

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	P BEHRENS, B L 25329 HURON STREET LOMA LINDA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BULL, BRIAN S 24489 BARTON ROAD LOMA LINDA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HART, RICHARD 39277 HARRIS ROAD YUCAIPA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LANG, KEVIN 11175 CAMPUS ST STE 11006 LOMA LINDA, CA 92354
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCF STRAUSS, VERLON 11145 ANDERSON STREET, BC 205 LOMA LINDA, CA 92350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FROST, ROBERT W 11145 ANDERSON STREET STE 203 LOMA LINDA, CA 92354

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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 empowered.

SIGNATURE: Robert W. Frost DATE: Jan 11 2008 DAYTIME PHONE: 909-558-4534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR