

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002261

FILED
Jan 06, 2009
Secretary of State

Entity Name: LOMA LINDA UNIVERSITY, A CALIFORNIA CORPORATION

Current Principal Place of Business:

11145 ANDERSON ST. RM 203
LOMA LINDA, CA 92354

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 95-1816009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEAL, ROBERT C
684 MOURNING DOVE CR.
LAKE MARY, FL 32746 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: BEHRENS, B L
Address: 25329 HURON STREET
City-St-Zip: LOMA LINDA, CA

Title: S () Delete
Name: BULL, BRIAN S
Address: 24489 BARTON ROAD
City-St-Zip: LOMA LINDA, CA

Title: CEO () Delete
Name: HART, RICHARD
Address: 39277 HARRIS ROAD
City-St-Zip: YUCAIPA, CA

Title: CFO () Delete
Name: LANG, KEVIN
Address: 11175 CAMPUS ST STE 11006
City-St-Zip: LOMA LINDA, CA 92354

Title: VCF () Delete
Name: STRAUSS, VERLON
Address: 11145 ANDERSON STREET, BC 205
City-St-Zip: LOMA LINDA, CA 92350

Title: S () Delete
Name: FROST, ROBERT W
Address: 11145 ANDERSON STREET STE 203
City-St-Zip: LOMA LINDA, CA 92354

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HART, RICHARD H
Address: 11175 CAMPUS ST.
City-St-Zip: LOMA LINDA, CA 92354

Title: S (X) Change () Addition
Name: BULL, BRIAN S
Address: 24489 BARTON ROAD
City-St-Zip: LOMA LINDA, CA 92354

Title: CEO (X) Change () Addition
Name: HART, RICHARD
Address: 11175 CAMPUS ST.
City-St-Zip: LOMA LINDA, CA 92354

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 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: ROBERT W FROST

Electronic Signature of Signing Officer or Director

S

01/06/2009

Date