


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90065 005 ****61.25

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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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SEAL, ROBERT C 684 MOURNING DOVE CR. LAKE MARY, FL 32746				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEHRENS, B L		NAME		
STREET ADDRESS	25329 HURON STREET		STREET ADDRESS		
CITY-ST-ZIP	LOMA LINDA, CA		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BULL, BRIAN S		NAME		
STREET ADDRESS	24489 BARTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	LOMA LINDA, CA		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HART, RICHARD		NAME		
STREET ADDRESS	39277 HARRIS ROAD		STREET ADDRESS		
CITY-ST-ZIP	YUCAIPA, CA		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PURSLEY, DONALD G		NAME		
STREET ADDRESS	11565 RICHMONT ROAD		STREET ADDRESS		
CITY-ST-ZIP	LOMA LINDA, CA		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GATHINGS, SUSAN		NAME		
STREET ADDRESS	24946 STARR STREET		STREET ADDRESS		
CITY-ST-ZIP	LOMA LINDA, CA		CITY-ST-ZIP		
TITLE	VCA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTELL, J. LYN		NAME		
STREET ADDRESS	24946 STARR STREET		STREET ADDRESS		
CITY-ST-ZIP	LOMA LINDA, CA 92354		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 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: <u>Robert W. Frost</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>Jan. 9, 2004</u>	
				Daytime Phone #: <u>909-558-4534</u>	

Attachment F99000002261
24002296

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