



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90047 013 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-1816009	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2005		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 checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PURSLEY, DONALD G		NAME	Kevin Lang	
STREET ADDRESS	11565 RICHMONT ROAD		STREET ADDRESS	11175 Campus St., Ste 11006	
CITY-ST-ZIP	LOMA LINDA, CA		CITY-ST-ZIP	Loma Linda, CA 92354	
TITLE	VCF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRAUSS, VERLON		NAME		
STREET ADDRESS	11145 ANDERSON STREET, BC 205		STREET ADDRESS		
CITY-ST-ZIP	LOMA LINDA, CA 92350		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: 			2-4-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

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