

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90109 002 ****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



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-1816009	Applied For Not Applicable
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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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	VCA MARTELL, J. LYN 24946 STARR STREET LOMA LINDA, CA 92354

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #