

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704165

FILED
Mar 03, 2009
Secretary of State

Entity Name: LUTHER RICE UNIVERSITY, INC.

Current Principal Place of Business:

3038 EVANS MILL RD
LITHONIA, GA 30038

New Principal Place of Business:

Current Mailing Address:

3038 EVANS MILL RD
LITHONIA, GA 30038

New Mailing Address:

FEI Number: 59-1197022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INGOLDSBY, JAMES H
505 LANCASTER STREET
JACKSONVILLE, FL 32204 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: MR. () Delete
Name: HARDCASTLE, LOUIS V/P
Address: 3038 EVANS MILL ROAD
City-St-Zip: LITHONIA, GA 30038

Title: DR. () Delete
Name: WILLIAMS, ROBERT
Address: 2106 BOWDOIN DR.
City-St-Zip: AUGUSTA, GA 30909

Title: DR. () Delete
Name: WADDLE, JIM
Address: 5160 EAST SHORE DR
City-St-Zip: CONYERS, GA

Title: MR. () Delete
Name: JONES, RICHARD
Address: P. O. BOX 427
City-St-Zip: SILSBEE, TX 77656

Title: DR. () Delete
Name: MCPHAIL, GERALD
Address: 180 CHASTAIN MANOR DRIVE
City-St-Zip: NORCROSS, GA 30071

Title: MRS. () Delete
Name: SOUDERS, LOU
Address: 3494 TURTLE COVE CT
City-St-Zip: MARIETTA, GA 30067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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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: LOUIS HARDCASTLE

VP

03/03/2009

Electronic Signature of Signing Officer or Director

Date