


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

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 836119

1. Entity Name
JOHN BROWN UNIVERSITY, INCORPORATED



Principal Place of Business Mailing Address

**2000 WEST UNIVERSITY STREET
SILOAM SPRINGS, AR 72761-9121** **2000 WEST UNIVERSITY STREET
SILOAM SPRINGS, AR 72761-9121**



07112006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

71-0239576 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, BETH
6846 TURTLE MOUND ROAD
NEW SMYRNA BEACH, FL 32169**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 6, 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	DC WALKER, DON 502 S MAIN MALL TULSA, OK 71433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUSTAVSON, PATRICIA R 2000 WEST UNIVERSITY SILOAM SPRINGS, AR 72761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC POLLAN, CAROLYN 2201 SOUTH 40TH STREET FT SMITH, AR 72903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLLARD, CHARLES W 2000 WEST UNIVERSITY SILOAM SPRINGS, AR 72761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ERICSON, ED 2000 WEST UNIVERSITY SILOAM SPRINGS, AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000572904
08/01/06-80005-002 61.25

**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 life empowered.

SIGNATURE: Patricia R. Gustavson Patricia R. Gustavson 7/20/06 479-524-7117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #