

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836119

FILED
Jan 22, 2009
Secretary of State

Entity Name: JOHN BROWN UNIVERSITY, INCORPORATED

Current Principal Place of Business:

2000 WEST UNIVERSITY STREET
SILOAM SPRINGS, AR 727619121

New Principal Place of Business:

2000 WEST UNIVERSITY STREET
SILOAM SPRINGS, AR 72761

Current Mailing Address:

2000 WEST UNIVERSITY STREET
SILOAM SPRINGS, AR 727619121

New Mailing Address:

2000 WEST UNIVERSITY STREET
SILOAM SPRINGS, AR 72761

FEI Number: 71-0239576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, BETH
418 BOUCHELLE DR. UNIT 303
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

DAVIS, BETH
4151 S. ATLANTIC AVE.
SEACOAST GARDENS 2, UNIT 116
NEW SMYRNA BEACH, FL 32169 US

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:

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: CUPP, ROBERT V
Address: 1051 W. PLEASANT GROVE RD
City-St-Zip: ROGERS, AR 72758

Title: ST () Delete
Name: GUSTAVSON, PATRICIA R
Address: 2000 WEST UNIVERSITY
City-St-Zip: SILOAM SPRINGS, AR 72761

Title: DVC () Delete
Name: WASSON, SHARON S
Address: 490 WEST ALPINE
City-St-Zip: SILOAM SPRINGS, AR 72761

Title: P () Delete
Name: POLLARD, CHARLES W
Address: 2000 WEST UNIVERSITY
City-St-Zip: SILOAM SPRINGS, AR 72761

Title: EVP () Delete
Name: ERICSON, ED
Address: 2000 WEST UNIVERSITY
City-St-Zip: SILOAM SPRINGS, AR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVC (X) Change () Addition
Name: WASSON, SHARON S
Address: 990 WEST ALPINE
City-St-Zip: SILOAM SPRINGS, AR 72761

Title: () Change () Addition
Name:
Address:
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: PATRICIA R. GUSTAVSON

ST

01/22/2009

Electronic Signature of Signing Officer or Director

Date