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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name 837099

(1)

ORAL ROBERTS UNIVERSITY, INC.

FILED Feb 27 1997 8:00am Secretary of State



Principal Place of Business ATTN: RESTRICTED ACCOUNTING 7777 S. LEWIS AVE TULSA OK 74171		Mailing A	Mailing Address				J someon valum trini vodel norem forem birk dribit brott blott drott drott blott blott			
		ATTN: RESTRICTED ACCOUNTING 7777 S. LEWIS AVE TULSA OK 74171-0003								
		IULSA OF	(74171 - 0003				3. Date Incorporated or Qualified 09/28/1976		e of Last F 04/04/19	
·	Place of Business	2a. Mailin	g Address				4. FEI Number		Ar	oplied For
21 Cuito Ant	# ata	26					73-0739626			ot Applicable
Suite, Apt.	#, eic.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	e	City &	State				6. Election Campaign Financing			
23		28					Trust Fund Contribution			May Be to Fees
Zıp	Country	Zip		Cou	intry		8. This corporation has liability for i			
24	25	29		30			Florida Statutes	Yes 💢	No	
	9. Name and Address of Curre	ent Registered A	gent				10. Name and Address of New Re	gistered A	gent	
i I					81	Name				
STERNS, RANDY				٠	82 Street Address (P.O. Box Number is Not Acceptable)					
	Franklin					. ,	•			
TAMPA	FL 33602				83					
I					84	City			85 Zip	Code
	10.00	00 - 1047 450						FL.	1 '	
office of r	redisiered adent, or both, in the Stai	te of Fiorida. Suc	n change was	: authorizei	a bv	the corporat	poration submits this statement for the plant in submits this statement for the plant in submits and statement for the plant in submits and submits an	urpose of a	changing if intment as	ts registered registered
agent. I a	m familiar with, and accept the obli	gations of, Section	on 617.0503, F	lorida Stat	ules					
SIGNATURE	Signature, typed or printed name of registered s	and and title if and an		NTC D	4					
12.		ND DIRECTORS	ole (NC	13.	Age:	nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	FRS AND	DIRECTOR	25 INI 12
TITLE	CD		DELETE	1.1 11	TLE		ADDITIONS OF ANALON TO STATE		Change	Addition
NAME	ROBERTS, ORAL			1.2 N/	ME					
STREET ADDRESS	7777 SOUTH LEWIS					ADDRESS				
CITY-ST-ZIP	TULSA OK 74171				TY-\$1					
TITLE	T		DELETE	2.1 TI		<u> </u>			Change	Addition
NAME	ANDERSON, F. H			2.2 N/	ME	ì				
STREET ADDRESS	7777 SOUTH LEWIS			2.3 S1	REET	ADDRESS				
CITY-ST-ZIP	TULSA OK			2.4 C	ITY-S	T-21P				
TITLE	CD		DELETE	3.1 TI	TLE			[Change	☐ Addition
NAME	HICKEY, MARILYN			3.2 N/	ME					
STREET ADDRESS	445 S PRATTE RIVER DR			3351	REET	ADDRESS	·			
CHTY-ST-7/P	DENVER CO			3.4. C	ITY-S	T-ZIP				
TITLE	\$		☐ DELETE	4.1 Ti	ΓLE			Ţ	Change	Addition
NAME	GEUDER, JEFF			4. 2 N	AME					
STREET ADDRESS	7777 SOUTH LEWIS			4.3 ST	AEET	address				
CITY-ST-ZIP	TULSA OK		T DOLLETO	4.4 CI		r-ZIP	***************************************		· ·	
TITLE	PO PERTO DIGUADO		DELETE	5.1 Til				L	Change	☐ Addition
NAME	ROBERTS, RICHARD			5.2 NA						
STREET ADDRESS	7777 SOUTH LEWIS					ADDRESS				
CITY-ST-ZIP	TULSA OK 74171	Waster-Land	DELETE	5.4 Cf		-ZIP			Chana	C Adentes
TITLE	FIGUED GEODGE		וון מנגנונ	6.1 Ti				ι	Change	Addition
NAME STOCET ADODESS	FISHER, GEORGE			6.2 NA			·			
STREET ADORESS	7777 SOUTH LEWIS					ADDRESS				
CITY-ST-ZIP	TULSA OK	ad with this filing	door not aug	6.4 CI			Lin Section 110 07/9/i) Florido Statutos	1.4		16

information indicated on this annual report or supplemental abnual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the eceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or specific productions of the corporation or the eceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or specific production or the eceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name H. Anderson Treasurer

SIGNATURE:

(918) 495-6001

2-8-97