

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 837099 1. Entity Name ORAL ROBERTS UNIVERSITY, INC.			
Principal Place of Business ATTN: RESTRICTED ACCOUNTING 7777 S. LEWIS AVE TULSA, OK 74171		Mailing Address ATTN: RESTRICTED ACCOUNTING 7777 S. LEWIS AVE TULSA, OK 74171	
DO NOT WRITE IN THIS SPACE		 02262004 No Chg-NP CR2E037 (10/03)	
4. FEI Number 73-0739626		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERNS, RANDY 220 S. FRANKLIN TAMPA, FL 33602		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) <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1100000086927 03/12/04-80043-007 61.25	
TITLE	CD	DO NOT WRITE IN THIS SPACE	
NAME	ROBERTS, ORAL		
STREET ADDRESS	7777 SOUTH LEWIS		
CITY-ST-ZIP	TULSA, OK 74171		
TITLE	T		
NAME	ANDERSON, F. H		
STREET ADDRESS	7777 SOUTH LEWIS		
CITY-ST-ZIP	TULSA, OK		
TITLE	CD		
NAME	HICKEY, MARILYN		
STREET ADDRESS	445 S PRATTE RIVER DR		
CITY-ST-ZIP	DENVER, CO		
TITLE	S		
NAME	ELLSWORTH, DAVID J		
STREET ADDRESS	7777 SOUTH LEWIS		
CITY-ST-ZIP	TULSA, OK 74171		
TITLE	PD		
NAME	ROBERTS, RICHARD		
STREET ADDRESS	7777 SOUTH LEWIS		
CITY-ST-ZIP	TULSA, OK 74171		
TITLE	V		
NAME	FISHER, GEORGE		
STREET ADDRESS	7777 SOUTH LEWIS		
CITY-ST-ZIP	TULSA, OK		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		F.H. Anderson, Treasurer	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/26/04	Daytime Phone # (918)495-6001