


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000006238	
1. Entity Name HARDING UNIVERSITY, INC.	

Principal Place of Business 900 E CENTER SEARCY, AR 72149-0001	Mailing Address BOX 12277 SEARCY, AR 72149-0001
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DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 71-0236896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIXON, LYNN
 2928 QUAIL RISE COURT
 TALLAHASSEE, FL 32309

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

01/12/07-80027-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKS, DAVID B 900 E CENTER SEARCY, AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARR, JAMES W 900 E CENTER SEARCY, AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANSOM, MELVIN 900 E CENTER SEARCY, AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANSOM, MELVIN HU BOX 10772 SEARCY, AR 72149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIEL, C. FLOYD BOX 12238 SEARCY, AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV HALL, TAMARA BOX 10772 SEARCY, AR 72149

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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 like empowered.

SIGNATURE: Tamara H. Hall Tamara H. Hall, Asst VP of Finance ^{1/3/07} (501) 279-4018

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