

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# F01000006238

Entity Name: HARDING UNIVERSITY, INC.

Current Principal Place of Business:

915 E MARKET
SEARCY, AR 721490001

New Principal Place of Business:

915 E MARKET
BOX 10772
SEARCY, AR 721490001

Current Mailing Address:

BOX 12277
SEARCY, AR 721490001

New Mailing Address:

915 E MARKET
BOX 10772
SEARCY, AR 721490001

FEI Number: 71-0236896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, LYNN
2928 QUAIL RISE COURT
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURKS, DAVID B
Address: 915 E MARKET
City-St-Zip: SEARCY, AR

Title: V () Delete
Name: CARR, JAMES W
Address: 915 E MARKET
City-St-Zip: SEARCY, AR

Title: S () Delete
Name: SANSOM, MELVIN
Address: 915 E MARKET
City-St-Zip: SEARCY, AR

Title: T () Delete
Name: SANSOM, MELVIN
Address: HU BOX 10772
City-St-Zip: SEARCY, AR 72149

Title: V () Delete
Name: DANIEL, C. FLOYD
Address: BOX 12238
City-St-Zip: SEARCY, AR

Title: AV () Delete
Name: HALL, TAMARA
Address: BOX 10772
City-St-Zip: SEARCY, AR 72149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: TAMARA HALL

AVP

01/16/2009

Electronic Signature of Signing Officer or Director

Date