


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90040 026 ****61.25

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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **71-0236896** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, DAVID L
111 W. MADISON ST., STE 574
TALLAHASSEE FL 32399-1400**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BURKS, DAVID B	
STREET ADDRESS	900 E CENTER	
CITY-ST-ZIP	SEARCY AR	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARR, JAMES W	
STREET ADDRESS	900 E CENTER	
CITY-ST-ZIP	SEARCY AR	
TITLE	S	<input type="checkbox"/> Delete
NAME	TUCKER JR, LOTT R	
STREET ADDRESS	900 E CENTER	
CITY-ST-ZIP	SEARCY AR	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROWAN, BYRON A	
STREET ADDRESS	900 E CENTER	
CITY-ST-ZIP	SEARCY AR	
TITLE	V	<input type="checkbox"/> Delete
NAME	DANIEL, C. FLOYD	
STREET ADDRESS	BOX 12238	
CITY-ST-ZIP	SEARCY AR	
TITLE	AV	<input type="checkbox"/> Delete
NAME	SHELDON, TODD L	
STREET ADDRESS	10772	
CITY-ST-ZIP	SEARCY AR	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sansom, J. Melvin	
STREET ADDRESS	HU Box 10772	
CITY-ST-ZIP	Searcy, AR 72149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Timothy C	
STREET ADDRESS	Box 10772	
CITY-ST-ZIP	Searcy, AR 72149	

2. 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: *Timothy C Jones* **REQUIRED** **4-5-03**

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

CR2E037 (10/02)