


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000004502		
1. Entity Name ANDREWS UNIVERSITY		
Principal Place of Business U.S. 31 BERRIEN SPRINGS, MI 49104	Mailing Address PLANNED GIVING/TRUST SERVICES ADMIN. BLDG/STE 310 BERRIEN SPRINGS, MI 49104-0645	



04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-1627600	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 BRAUN, KEITH B 222 LAKEVIEW AVE STE. 950 WEST PALM BEACH, FL 33401		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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing - ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KARST, GERRY D 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 209046600	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WRIGHT, WALTER L BOX C BERRIEN SPRING, MI 49103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITO, ISRAEL PO BOX 830518 MIAMI, FL 332820518	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREASEN, NIELS-ERIK ANDREWS UNIVERSITY BERRIEN SPRINGS, MI 491040670	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINES, EDWARD E ANDREWS UNIVERSITY BERRIEN SPRINGS, MI 491040600	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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05/13/06-80037-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2006

Date

269-421-3484

Daytime Phone #