2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002682

Entity Name: GRACELAND UNIVERSITY INCORPORATED

FILED Jul 12, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1 UNIVERSITY PLACE LAMONI, IA				1 UNIVERSITY PLACE OFFICE OF BUSINESS SERVICES LAMONI, IA 50140		
Current Mailing Address:				New Mailing Address:		
1 UNIVERSITY PLACE LAMONI, IA				1 UNIVERSITY PLACE OFFICE OF BUSINESS SERVICES LAMONI, IA 50140		
FEI Number:	42-0707114	FEI Number Applied For ()	FEI Nun	nber Not Appl	olicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	d Address of New Registered Agent:	
1201 HAYS TALLAHAS The above	SSEE, FL 3230	012525 US	rpose o	f changing it	its registered office or registered agent, or both,	
	e of Florida. ⊃⊏					
SIGNATUR		ic Signature of Registered Agent	t		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P () MENZIES, JOHI 1 FOUNDER DE LAMONI, IA 50	₹.		Title: Name: Address: City-St-Zip:	P (X) Change () Addition ANDERS, STEVEN L 1 UNIVERSITY PLACE LAMONI, IA 50140	
Title: Name: Address: City-St-Zip:	V () MERCER, KARI 219 N. STATE S LAMONI, IA 50	ST.		Title: Name: Address: City-St-Zip:	V (X) Change () Addition TIFFANY, JANICE K 322 S. MAPLE ST LAMONI, IA 50140	
Title: Name: Address: City-St-Zip:	S () SEYMOUR, JOI 639 ORCHARD LAMONI, IA 50	ST.		Title: Name: Address: City-St-Zip:	S (X) Change () Addition CHERYL, HANSEN 235 DUX LANDING CAPE GIRARDEAU, MO 63701	
Title: Name: Address: City-St-Zip:	C () ROBINO, DAVIE 7159 PINE RIDO MEDFORD, OR	GE DR.		Title: Name: Address: City-St-Zip:	C (X) Change () Addition KENNETH, MCCLAIN 221 WEST LEXINGTON INDEPENDENCE, OR 64055	
Title: Name: Address: City-St-Zip:	V () SWAILS, NORM 323 NW BLUE E LEE'S SUMMIT,	BEECH PT.		Title: Name: Address: City-St-Zip:	V (X) Change () Addition NEWCOM, JAY 10857 LEGACY RIDGE WAY WESTMINISTER, CO 80031	
Title: Name: Address: City-St-Zip:	D (X) BAKER, CAROL 2432 BRIDGER INDEPENDENC	DR.		Title: Name: Address: City-St-Zip:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN L. ANDERS PRES 07/12/2007