

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:30

DOCUMENT # **N93000005821 (4)**

1. Corporation Name

CHAPEL CHRISTIAN UNIVERSITY, INC.

Principal Place of Business

Mailing Address

870 AUSTRALIAN STREET
MERRITT ISLAND FL 32953

870 AUSTRALIAN STREET
MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1993	3a. Date of Last Report 03/08/1994
4. FEI Number 59-3227116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
Country	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLANAHAN, LELAND
870 AUSTRALIAN STREET
MERRITT ISLAND FL 32953

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLANAHAN, LELAND	1.2 NAME	Berney, Mark
STREET ADDRESS	870 AUSTRALIAN STREET	1.3 STREET ADDRESS	1890 N. Courtenay Parkway
CITY-ST-ZIP	MERRITT ISLAND FL 32953	1.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	VD	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, ELSIE M	2.2 NAME	Binette, A. Cynthia
STREET ADDRESS	65 MELBOURNE AVE	2.3 STREET ADDRESS	8590 Canaveral Beach Blvd. # 12
CITY-ST-ZIP	MERRITT ISLAND FL 32953	2.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	D	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNEY, MARK	3.2 NAME	Verreen, Winfred
STREET ADDRESS	1366 JANE COURT	3.3 STREET ADDRESS	8709 Tarragon Drive
CITY-ST-ZIP	MERRITT ISLAND FL 32953	3.4 CITY-ST-ZIP	Orlando, FL 32825
TITLE	D	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BINETTE, CYNTHIA A	4.2 NAME	Sharp, K. Randal
STREET ADDRESS	8590 CANAVERAL BEACH BLVD, 4B	4.3 STREET ADDRESS	2505 Mariowe Place
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	4.4 CITY-ST-ZIP	Cocoa, FL 32926
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANK, JOHN E	5.2 NAME	McClanahan, Lavaughn
STREET ADDRESS	7013 EVERGREEN DRIVE	5.3 STREET ADDRESS	870 Australian St.
CITY-ST-ZIP	COCOA FL 32927	5.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leland McClanahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-95
Date

407-452-0135
Telephone #