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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005821

1. Corporation Name

CHAPEL CHRISTIAN UNIVERSITY, INC.

Principal Place of Business

670 N COURTENAY PKWY
STE 15
MERRITT ISLAND FL 32953
US

Mailing Address

870 AUSTRALIAN STREET
MERRITT ISLAND FL 32953



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

12/21/1993

4. FEI Number

59-3227116

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MCCLANAHAN, LELAND DR.
870 AUSTRALIAN STREET
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD DELETE

NAME MCCLANAHAN, LELAND DR.
STREET ADDRESS 870 AUSTRALIAN STREET
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE VD DELETE

NAME MCCLANAHAN, LAVAUGHN A DR.
STREET ADDRESS 870 AUSTRALIAN STREET
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE STD DELETE

NAME FRAZIER, ELSIE M DR.
STREET ADDRESS 65 MELBOURNE STREET
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE D DELETE

NAME SHARP, RANDAL K DR.
STREET ADDRESS 2505 MARLOWE PLACE
CITY-ST-ZIP COCOA FL 32926

TITLE D DELETE

NAME KECK, JR., HERMAN DR.
STREET ADDRESS 5045 NORTH ROBERSON
CITY-ST-ZIP SPRINGFIELD MO 65803

TITLE D DELETE

NAME BLANK, JOHN E DR.
STREET ADDRESS 7013 EVERGREEN DRIVE
CITY-ST-ZIP COCOA FL 32927

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-99

Date

407-452-0135

Daytime Phone #

CR2E037 (11/98)