

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90203 036 ****61.25

DOCUMENT # N93000005821

1. Entity Name

CHAPEL CHRISTIAN UNIVERSITY, INC.

Principal Place of Business

**1138 PEACHTREE ST
 COCOA FL 32953
 US**

Mailing Address

**870 AUSTRALIAN STREET
 MERRITT ISLAND FL 32953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-9227116

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Leland McClanahan

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

1-9-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. 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 ROBBERTSON**
 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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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:

Leland McClanahan

1-9-02

321-452-0135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)