


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90043 016 ****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
--	--

DO NOT WRITE IN THIS SPACE

40006134

% D 5 / , , , , , 1 4 . - D &

01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3227116	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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MCCLANAHAN, LELAND DR. 870 AUSTRALIAN STREET MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLANAHAN, LAVAUGHN A DR. 870 AUSTRALIAN STREET MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3RD FRAZIER, BLOOMFBR. 66 MELBOURNE STREET MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KECK, JR., HERMAN DR. 5045 NORTH ROBBERSON SPRINGFIELD, MO 65803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANK JONNE DR. 7013 EVERGREEN DRIVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lorey McClanahan 178 N.W. Curtis St. Port St. Lucie, FL 34983

DO NOT WRITE IN THIS SPACE

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 178-05 321-452-0135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #