


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90038 006 \*\*\*\*61.25

**60007921**



DOCUMENT # N93000005821					
1. Entity Name CHAPEL CHRISTIAN UNIVERSITY, INC.					
Principal Place of Business 1138 PEACHTRRE 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCLANAHAN, LELAND DR. 870 AUSTRALIAN STREET MERRITT ISLAND, FL 32953				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLANAHAN, LELAND DR.		NAME		
STREET ADDRESS	870 AUSTRALIAN STREET		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLANAHAN, LAVAUGHN A DR.		NAME		
STREET ADDRESS	870 AUSTRALIAN STREET		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KECK, JR., HERMAN DR.		NAME	D. Keck, Jr., Herman Dr.	
STREET ADDRESS	5045 NORTH ROBBERSON		STREET ADDRESS	Plantation Country Club	
CITY-ST-ZIP	SPRINGFIELD, MO 65803		CITY-ST-ZIP	2729 Palmer Dr. 78527	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLANAHAN, LOREN		NAME		
STREET ADDRESS	178 N W EUSTIS ST		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Dr. Leland Mcclanahan</i>		Date: <i>1-27-06</i>		Daytime Phone #: <i>321-452-0135</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					