


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90070 003 ****61.25

DOCUMENT # N93000005821

1. Entity Name
 CHAPEL CHRISTIAN UNIVERSITY, INC.



Principal Place of Business
 1138 PEACHTRRE ST
 COCOA, FL 32908 US 22

Mailing Address
 870 AUSTRALIAN STREET
 MERRITT ISLAND, FL 32953

60008074



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01222007 Chg-NP CR2E037 (12/06)

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

4. FEI Number
 59-3227116
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	MCCLANAHAN, LELAND DR.	
STREET ADDRESS	870 AUSTRALIAN STREET	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCLANAHAN, LAVAUGHN A DR.	
STREET ADDRESS	870 AUSTRALIAN STREET	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	KECK, JA HARMON DR	
STREET ADDRESS	1729 PALMER DR	
CITY-ST-ZIP	PHARR, TX 78527	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLANAHAN, LOREN	
STREET ADDRESS	178 N W EUGTIS ST	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Jr. Leland Mcclanahan 1-26-07 321-452-0135
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #