

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90160 030 ****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 **59-3227116**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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

Zip Code

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PCD MCCLANAHAN, LELAND DR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	870 AUSTRALIAN STREET MERRITT ISLAND FL 32953	
TITLE NAME	VD MCCLANAHAN, LAVAUGHN A DR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	870 AUSTRALIAN STREET MERRITT ISLAND FL 32953	
TITLE NAME	STD FRAZIER, ELSIE M DR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	65 MELBOURNE STREET MERRITT ISLAND FL 32953	
TITLE NAME	D SHARP, RANDAL K DR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2505 MARLOWE PLACE COCOA FL 32926	
TITLE NAME	D KECK, JR., HERMAN DR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5045 NORTH ROBBERSON SPRINGFIELD MO 65803	
TITLE NAME	D BLANK, JOHN E DR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7013 EVERGREEN DRIVE COCOA FL 32927	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Dr. Leland Mcclanahan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2-25-03 321-452-0135

CR2E037 (10/02)