

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008692

Entity Name: CHAPLAINS COLLEGE SCHOOL OF GRADUATE STUDIES INC**Current Principal Place of Business:**160 MLK BLVD NE
UNIT #404
WINTER HAVEN, FL 33881**Current Mailing Address:**13061 ROSEDALE HWY
6141
BAKERSFEILD, CA 93310**FEI Number:** 27-3486658**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALEXANDER, SEAN
202 N FLORIDA AVE
AVON PARK, FL 33825 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHANCELLOR
Name SCADRON, DALE A DR.
Address 13061 ROSEDALE HIGHWAY
OFFICE G141
City-State-Zip: BAKERSFIELD CA 93314

Title BOARD OF REGENTS
Name TONY, SPERL MS
Address 13061 ROSEDALE HIGHWAY
OFFICE G141
City-State-Zip: BAKERSFIELD CA 93314

Title BOARD OF REGENTS
Name ANNA, SCADRON MCC
Address 13061 ROSEDALE HIGHWAY
OFFICE G141
City-State-Zip: BAKERSFIELD CA 93314

Title BOARD OF REGENTS
Name MAURSETH, BRIAN DR.
Address 13061 ROSEDALE HWY
G-141
City-State-Zip: BAKERSFIELD CA 93314

Title DEAN OF STUDENTS
Name ALEXANDER, SEAN DR.
Address 13061 ROSEDALE HWY
OFFICE G141
City-State-Zip: BAKERSFIELD CA 93314

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. DALE SCADRON**CHANCELLOR****02/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date