

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003724

FILED
Apr 29, 2009
Secretary of State

Entity Name: BREVARD CHRISTIAN UNIVERSITY, INC.

Current Principal Place of Business:

217 DIXIE LANE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

217 DIXIE LANE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3228971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCHER, ANTHONY J P
2440 SUMMER BROOK ST.
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HATCHER, ANTHONY J
Address: 217 DIXIE LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: FRAZIER, SERVOLA
Address: 217 DIXIE LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: HATCHER, CHARLENE Y
Address: 217 DIXIE LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: RAINES, MICHELLE
Address: 217 DIXIE LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete
Name: CHANEY, CHERYL
Address: 217 DIXIE LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: FRAZIER, GEORGE
Address: 217 DIXIE LANE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLENE HATCHER

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date