


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90043 016 ****61.25

DOCUMENT # N93000005821 1. Entity Name CHAPEL CHRISTIAN UNIVERSITY, INC.	
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Principal Place of Business 1138 PEACHTREE ST COCOA, FL 32953 US	Mailing Address 870 AUSTRALIAN STREET MERRITT ISLAND, FL 32953
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01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3227116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCLANAHAN, LELAND DR. 870 AUSTRALIAN STREET MERRITT ISLAND, FL 32953
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MCCLANAHAN, LELAND DR. 870 AUSTRALIAN STREET MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLANAHAN, LAVAUGHN A DR. 870 AUSTRALIAN STREET MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3RD FRAZIER, BLOOMFBR. 66 MELBOURNE STREET MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KECK, JR., HERMAN DR. 5045 NORTH ROBBERSON SPRINGFIELD, MO 65803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANK, JOHN E DR. 7013 EVERGREEN DRIVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D.</i> <i>Lorey McClanahan</i> <i>178 N.W. Curtis St.</i> <i>Port St. Lucie, FL 34983</i>

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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: *Leland McClanahan* 178-05 321-452-0135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #