FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700640 (6)

1. Corporation Name
PENSACOLA CHRISTIAN COLLEGE, INC.

Principal Place of Business	Mailing Address
250 BRENT LANE BOX 18000 PENSACOLA FL 32523-6160	250 BRENT LANE BOX 18000 PENSACOLA FL 32523-6160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1960
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-0940532 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 250 Brent Lane	26 Box 18000
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PENSACOLA, FL	City & State 28 PENSACOLA, FL
Zip / Country 24 32503 / 25	Zip / Country 29 32523 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HORTON, ARLIN R
250 BRENT LANE
PENSACOLA FL 32523-6160

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code 32503

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	HORTON, ARLIN R.	1.2 NAME	Horton, Arlin R.	
STREET ADDRESS	231 ST. EUSEBIA	1.3 STREET ADDRESS	250 Brent Lane	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	RICE, BILL III	2.2 NAME	Rice, Bill, III	
STREET ADDRESS	118 CHIPWOOD LANE	2.3 STREET ADDRESS	627 Bill Rice Ranch Road	
CITY-ST-ZIP	MURFREESBORO TN	2.4 CITY-ST-ZIP	MURFREESBORO, TN 37129	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	GARLOCK, FRANK	3.2 NAME	Garlock, Frank	
STREET ADDRESS	300 CHENOWETH	3.3 STREET ADDRESS	1274 Shadow Way	
CITY-ST-ZIP	SIMPSONVILLE SC	3.4 CITY-ST-ZIP	GREENVILLE, SC 29615	
TITLE	SD	4.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	HORTON, REBEKAH	4.2 NAME	Horton, Rebekah	
STREET ADDRESS	231 ST. EUSEBIA	4.3 STREET ADDRESS	250 Brent Lane	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Arlin R. Horton 1-18-95 (904) 478-8496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071434