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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

PENSACOLA CHRISTIAN COLI Principai Place of Business 250 BRENT LANE PENSACOLA FL 32523-6160	Mailing Address BOX 18000 PENSACOLA FL 32523	1			
			3. Date Incorporated or Qualified 03/16/1960	3a. Date of Last 01/25/19	
Principal Place of Business	2a. Mailing Address 26		4. FE! Number 59-0940532		Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.79	Not Applicabl Additional
	27		5. Certificate of Status Desired	1	Required
City & State	City & State		6. Election Campaign Financing	\$5.0	0 May Be
Zip Country	28	0	Trust Fund Contribution	Adde	d to Fees
25	Zip	Country 30	8. This corporation has liability for int	tangible tax under s. Yes 🛣 No	. 199.032,
9. Name and Address of C		130	10. Name and Address of New Re		
		81 Name			
HORTON, ARLIN R		82 Street Arkit	ress (P.O. Box Number is Not Acceptable		
250 BRENT LANE				,	
PENSACOLA FL 32523-6160		B3			
		- - - - - -			p Code
Pursuant to the provisions of Sections 617.	.0502 and 617.1508, Florida Statut	84 City tes, the above-named corpor	ration submits this statement for the number	<u>FL </u>	
familiar with, and accept the obligations of,	Section 617.0503, Florida Statutes	tes, the above-named corporated by the corporation's boa	rd of directors. I hereby accept the appoir	<u>FL </u>	
GNATURE Styriature, typed or printed name of registered OFFICERS	Section 617.0503, Florida Statute: diagnotised the diagnostic (N	tes, the above named corporated by the corporation's boals.	rd of directors. I hereby accept the appoir	ose of changing its nature of the changing its registered	egistered offi lagent. I am
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(904) 478-8496 Daytime Prione #

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __