## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

1-15-97

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

700640

(6)

5.4-10-a-5-d-d----

PENSACOLA CHRISTIAN COLLEGE, INC.

Principal Place	Of Business	Mailing Address			
250 BRENT LAN PENSACOLA FL	E . <del>2000-0180</del>	BOX 18000 PENSACOLA FL 32523-9180	)		
				3. Date Incorporated or Qualified 03/16/1960	3s. Date of Last Report 01/29/1996
— ·	ace of Business	2a. Mailing Address		4. FEI Number 59-0940532	Applied For
21 Suito Ant 4	<u> </u>	Suite, Apt. #, etc.		อยางสุของร	Not Applicable
Suite, Apt. #	, etc	27		5. Certificate of Status Desired	\$6.75 Additional Fee Required
City & State	)	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b>	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24 B250		— ` ⊢	30 US	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes \[ \] No
	9. Name and Address of Curr			10. Name and Address of New Reg	
			81 Name		
HORTON	N, ARLIN R		82 Street Add	dress (P.O. Box Number is Not Acceptable	le)
250 BRENT LANE				7000 (10.201)	
PENSAC	OLA FL <del>22523 6160-</del>		83		
			84 City		85 Zip Code
					FL 32503
office or re	egistered agent, or both, in the St	0502 and 617.1508, Florida Statute: tate of Florida. Such change was au bligations of, Section 617.0503, Flor	uthorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	arpose or changing its registered the appointment as registered
SIGNATURE _	Signature typed or printed name of registered	d agent and title if annicable. (NOTE	Registered Agent signature requ	ired when (einstellad)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	HORTON, ARLIN R.		1.2 NAME		
STREET AODRESS	250 BRENT LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY - ST - ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RICE, BILL III	<b>-</b>	2.2 NAME		
STREET ADDRESS	627 BILL RICE RANCH RO	)AD	2.3 STREET ADDRESS	•	
CITY-ST-ZIP	MURFREESBORO TN	Drufft.	2. 4 CITY-ST-ZIP		Observe Addition
TITLE	D D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME OTREET ADDRESS	GARLOCK, FRANK		3.2 NAME		
STREET ADDRESS	1274 SHADOW WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	GREENVILLE SC STD	DELETE	3.4. CITY-ST-ZIP	<u> </u>	Change Addition
NAME	HORTON, REBEKAH	C DEFEIR	4.2 NAME		Carried Francisco
STREET ADDRESS	250 BRENT LANE		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY - ST-ZIP		
TITLE	LIMOUDII	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	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 hereb information	y certify that the information support indicated on this annual report	plied with this filing does not qualify or supplemental annual report is tr	for the exemption state ue and accurate and the	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal or as required by Ghapter 617, Florida S	<ol> <li>I further certify that the leffect as if made under oath; the</li> </ol>
I am an of appears in	ficer or director of the corporation in Block 12 or Block 13 if changer	in or the receiver or trustee empowe d, or on an attachment with an addi	ed to execute this reportess.	ort as required by Ghaour 617, Florida S	tatutes; and that my name