


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700640

1. Corporation Name

PENSACOLA CHRISTIAN COLLEGE, INC.

Principal Place of Business

250 BRENT LANE
 PENSACOLA FL 32503
 US

Mailing Address

BOX 18000
 PENSACOLA FL 32523



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/16/1960	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0940532	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HORTON, ARLIN R
 250 BRENT LANE
 PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORTON, ARLIN R.	1.2 NAME	RAMMEL, JOSEPH
STREET ADDRESS	250 BRENT LANE	1.3 STREET ADDRESS	1480 CHALET PL
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, BILL III	2.2 NAME	
STREET ADDRESS	627 BILL RICE RANCH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MURFREESBORO TN	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARLOCK, FRANK	3.2 NAME	
STREET ADDRESS	1274 SHADOW WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, REBEKAH	4.2 NAME	
STREET ADDRESS	250 BRENT LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARLIN R. HORTON

Date

(850)478-8480

Daytime Phone #

CR2E037 (11/98)