

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 17, 2000 8:00 am
Secretary of State

02-07-2000 90067 043 ****61.25

DOCUMENT # 700640

1. Entity Name

PENSACOLA CHRISTIAN COLLEGE, INC.

Principal Place of Business

**250 BRENT LANE
PENSACOLA FL 32503
US**

Mailing Address

**BOX 18000
PENSACOLA FL 32523-9160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0940532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORTON, ARLIN R
250 BRENT LANE
PENSACOLA FL 32503**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete

NAME **HORTON, ARLIN R.**
STREET ADDRESS **250 BRENT LANE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD** ☐ Delete

NAME **RICE, BILL III**
STREET ADDRESS **627 BILL RICE RANCH ROAD**
CITY-ST-ZIP **MURFREESBORO TN**

TITLE **D** ☐ Delete

NAME **RAMMEL, JOSEPH**
STREET ADDRESS **1480 CHALET PL**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **STD** ☐ Delete

NAME **HORTON, REBEKAH**
STREET ADDRESS **250 BRENT LANE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President (PD)** ☒ Change ☐

NAME **Dr. Arlin R. Horton**
STREET ADDRESS **250 Brent Lane**
CITY-ST-ZIP **Pensacola, Florida 32503**

TITLE **Vice President (VD)** ☒ Change ☐

NAME **Dr. Bill Rice III**
STREET ADDRESS **627 Bill Rice Ranch Road**
CITY-ST-ZIP **Murfreesboro, Tennessee 37129**

TITLE **Director (D)** ☒ Change ☐

NAME **Dr. Joseph Rammel**
STREET ADDRESS **1480 Chalet PL**
CITY-ST-ZIP **Pensacola, Florida 32514**

TITLE **Secretary / Treasurer (STD)** ☒ Change ☐

NAME **Dr. Rebekah Horton**
STREET ADDRESS **250 Brent Lane**
CITY-ST-ZIP **Pensacola, Florida 32503**

TITLE ☐ Change ☐

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐

NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

(850)478-8480

Date

Daytime Phone #