

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90036 013 ****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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HORTON, ARLIN R.
STREET ADDRESS 250 BRENT LANE
CITY-ST-ZIP PENSACOLA, FL ☐ Delete

TITLE DC
NAME RAMMEL, JOSEPH
STREET ADDRESS 1480 CHALET PL
CITY-ST-ZIP PENSACOLA, FL 32514 ☐ Delete

TITLE STD
NAME HORTON, REBEKAH
STREET ADDRESS 250 BRENT LANE
CITY-ST-ZIP PENSACOLA, FL ☐ Delete

TITLE D
NAME YOUNG, DAVID
STREET ADDRESS 81 LICKING VIEW DRIVE
CITY-ST-ZIP HEATH, OH 43056 ☐ Delete

TITLE D
NAME KILPATRICK, VIRGINIA
STREET ADDRESS 4250 WOODBINE ROAD
CITY-ST-ZIP PACE, FL 32571 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BUETTNER, CHARLES E.
STREET ADDRESS 4 N. CENTRAL AVE.
CITY-ST-ZIP BALTIMORE, MD 21203 ☐ Change ☒ Addition

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 if 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

Date

Daytime Phone #

ARLIN R. HORTON 4-8-04

(850) 478-8480