

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700640

FILED
Apr 06, 2009
Secretary of State

Entity Name: PENSACOLA CHRISTIAN COLLEGE, INC.

Current Principal Place of Business:

250 BRENT LANE
PENSACOLA, FL 325032280 US

New Principal Place of Business:

Current Mailing Address:

BOX 18000
PENSACOLA, FL 32523

New Mailing Address:

FEI Number: 59-0940532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORTON, ARLIN R
250 BRENT LANE
PENSACOLA, FL 325032280 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MULLENIX, JOEL
Address: 5610 RAWSON LN
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: MANGUS, DAN
Address: 6502 JOHNSTON RD
City-St-Zip: LOUISVILLE, KY 40272

Title: STD () Delete
Name: HORTON, REBEKAH
Address: 250 BRENT LANE
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: TISON, BILL
Address: 8350 PILGRIM ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: KILPATRICK, VIRGINIA
Address: 4250 WOODBINE ROAD
City-St-Zip: PACE, FL 32571

Title: DC () Delete
Name: BUETTNER, CHARLES E
Address: 4 N CENTRAL AVE
City-St-Zip: BALTIMORE, MD 21203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HORTON, ARLIN R DR
Address: 250 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MULLENIX, JOEL
Address: 5610 RAWSON LN
City-St-Zip: PENSACOLA, FL 32503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLIN HORTON

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date