

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90193 021 ****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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD HORTON, ARLIN R.	<input type="checkbox"/> Delete
STREET ADDRESS	250 BRENT LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	DC RAMMEL, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	1480 CHALET PL	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE NAME	STD HORTON, REBEKAH	<input type="checkbox"/> Delete
STREET ADDRESS	250 BRENT LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	D YOUNG, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	81 LICKING VIEW DRIVE	
CITY-ST-ZIP	HEATH OH 43056	
TITLE NAME	D KILPATRICK, VIRGINIA	<input type="checkbox"/> Delete
STREET ADDRESS	4250 WOODBINE ROAD	
CITY-ST-ZIP	PACE FL 32571	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Arlin R. Horton

3/19/2003

(850) 478-8480

CR2E037 (10/02)