

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700640

**Entity Name:** PENSACOLA CHRISTIAN COLLEGE, INC.**Current Principal Place of Business:**250 BRENT LANE  
PENSACOLA, FL 32503**Current Mailing Address:**BOX 18000  
PENSACOLA, FL 32523 US**FEI Number:** 59-0940532**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHOEMAKER, TROY DR.  
250 BRENT LANE  
PENSACOLA, FL 32503 US*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**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	SHOEMAKER, TROY DR
Address	250 BRENT LANE
City-State-Zip:	PENSACOLA FL 32503

Title	SECRETARY
Name	SHOEMAKER, DENISE MRS
Address	250 BRENT LANE
City-State-Zip:	PENSACOLA FL 32503

Title	DIRECTOR
Name	PRICKETT, JOHN MR
Address	405 ROYCE ST
City-State-Zip:	PENSACOLA FL 32503

Title	CHIEF FINANCIAL OFFICER
Name	THOMPSON, JIM MR
Address	2032 HAMILTON CROSSING DRIVE
City-State-Zip:	CANTONMENT FL 32533

Title	DIRECTOR
Name	RAND, PHYLLIS DR
Address	10437 RIVERWOOD DRIVE
City-State-Zip:	LIVE OAK FL 32060

Title	DIRECTOR
Name	REDLIN, JEFF DR.
Address	8784 FOXTAIL LOOP
City-State-Zip:	PENSACOLA FL 32526

Title	DIRECTOR
Name	RASMUSSEN, STEPHANIA DR.
Address	7644 FARRALONE AVE
City-State-Zip:	CANOCA PARK CA 91304

Title	DIRECTOR
Name	GERRARD, GARY MR
Address	1559 OLSON DRIVE
City-State-Zip:	LOVELAND CO 80537

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: JIM THOMPSON****CFO****04/13/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MALDOFF, STEVEN MR
Address	PO BOX 9
City-State-Zip:	CHATTANOOGA TN 37341