

2023 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: CANOGA PARK CA 91304

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

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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****04/12/2023**

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