

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007040

**Entity Name:** WILLISTON CENTRAL CHRISTIAN ACADEMY, INC.

**Current Principal Place of Business:**

225 SE 4TH ST  
WILLISTON, FL 32696

**Current Mailing Address:**

225 SE 4TH ST  
WILLISTON, FL 32696

**FEI Number:** 61-1620493

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WELBORN, JUDTIH  
225 SE 4TH ST  
WILLISTON, FL 32696 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 OTHER  
Name WINNINGHAM, MICHELE  
Address 225 SE 4TH ST  
City-State-Zip: WILLISTON FL 32696

Title D  
Name BROOKS, ERIK  
Address 18750 SE 2ND ST  
City-State-Zip: WILLISTON FL 32696

Title OTHER  
Name WELBORN, JUDITH  
Address 225 SE 4TH ST  
City-State-Zip: WILLISTON FL 32696

Title DIRECTOR  
Name ROGERS, TIM  
Address 19415  
City-State-Zip: WILLISTON FL 32696

Title DIRECTOR  
Name TRAYLOR, STEVE  
Address 18691 NE 61 LANE  
City-State-Zip: WILLISTON FL 32696

Title PRESIDENT  
Name MARINO, MATTHEW  
Address 834 NW 4TH AVE  
City-State-Zip: WILLISTON FL 32696

Title VP  
Name ETHERIDGE, TODD  
Address 14471 NE 20TH ST.  
City-State-Zip: WILLISTON FL 32696

Title PRINCIPAL  
Name ALEXANDER, JULIE M  
Address 604 NE 10TH BLVD  
City-State-Zip: WILLISTON FL 32696

**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:** JULIE M. ALEXANDER

**PRINCIPAL**

**01/14/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OTHER  
Name GALLAGHER, TARA  
Address 7880 WEST HIGHWAY 326  
City-State-Zip: OCALA FL 34482