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

DOCUMENT# N10000007040

Entity Name: WILLISTON CENTRAL CHRISTIAN ACADEMY, INC.

**FILED** Jan 14, 2020 **Secretary of State** 0326182666CC

### **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 :

WINNINGHAM, MICHELE BROOKS, ERIK Name Name Address 225 SE 4TH ST 18750 SE 2ND ST Address City-State-Zip: WILLISTON FL 32696 WILLISTON FL 32696 City-State-Zip:

Title DIRECTOR Title **OTHER** Name ROGERS, TIM WELBORN, JUDITH Name

Address 19415 Address 225 SE 4TH ST

WILLISTON FL 32696 City-State-Zip: City-State-Zip: WILLISTON FL 32696

**PRESIDENT** Title Title **DIRECTOR** 

Name MARINO, MATTHEW TRAYLOR, STEVE Name Address 834 NW 4TH AVE Address 18691 NE 61 LANE City-State-Zip: WILLISTON FL 32696

City-State-Zip: WILLISTON FL 32696

Title **PRINCIPAL** Title

Name ALEXANDER, JULIE M ETHERIDGE, TODD Name 604 NE 10TH BLVD Address Address 14471 NE 20TH ST. City-State-Zip: WILLISTON FL 32696 WILLISTON FL 32696 City-State-Zip:

## 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.

01/14/2020 SIGNATURE: JULIE M. ALEXANDER **PRINCIPAL** 

# Officer/Director Detail Continued:

Title OTHER

Name GALLAGHER, TARA

Address 7880 WEST HIGHWAY 326

City-State-Zip: OCALA FL 34482