

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** Yes

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

BROOKS, LOGAN  
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:** LOGAN BROOKS

06/22/2021

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 DIRECTOR  
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 TREASURER  
Name ROGERS, TIMOTHY  
Address 19415 NW HWY 335  
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 BROOKS, LOGAN  
Address 889 SW 1ST AVE  
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:** LOGAN BROOKS

PRINCIPAL

06/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            BOWDEN, LAWRENCE  
Address        3491 SE COUNTY ROAD 343  
City-State-Zip: MORRISTON FL 32668