

2022 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 US**FEI Number: 61-1620493****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROOKS, LOGAN
225 SE 4TH STREET
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 D
Name BROOKS, ERIK
Address 18750 SE 2ND ST
City-State-Zip: WILLISTON FL 32696Title D
Name TRAYLOR, STEVE
Address 18691 NE 61 LANE
City-State-Zip: WILLISTON FL 32696Title VP
Name ETHERIDGE, TODD
Address 14471 NE 20TH ST.
City-State-Zip: WILLISTON FL 32696Title S
Name BOWDEN, LAWRENCE
Address 3491 SE COUNTY ROAD 343
City-State-Zip: MORRISTON FL 32668Title T
Name ROGERS, TIMOTHY
Address 19415 NW HWY 335
City-State-Zip: WILLISTON FL 32696Title P
Name MARINO, MATTHEW
Address 834 NW 4TH AVE
City-State-Zip: WILLISTON FL 32696Title PRINCIPAL
Name BROOKS, LOGAN
Address 889 SW 1ST AVE
City-State-Zip: WILLISTON FL 32696

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****02/08/2022**

Electronic Signature of Signing Officer/Director Detail

Date