

2013 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, JUDITH
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	D
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	D
Name	WELBORN, JASON
Address	602 NE 10TH BLVD
City-State-Zip:	WILLISTON FL 32696

Title	SECRETARY
Name	SMITH, JOSEPH E
Address	3750 NE 180TH AVE
City-State-Zip:	WILLISTON FL 32696

Title	PRESIDENT
Name	BROOKS, MATT
Address	225 SE 4TH ST
City-State-Zip:	WILLISTON FL 32696

Title	DIRECTOR
Name	WELBORN, JUDITH
Address	225 SE 4TH ST
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: JUDITH WELBORN**DIRECTOR****01/09/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date