

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007040

FILED
Jan 13, 2014
Secretary of State
CC6230598107

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 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 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

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: JUDITH WELBORN

REGISTERED AGENT

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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