

**2023 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: Yes****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 32696

Title	T
Name	ROGERS, TIMOTHY
Address	19415 NW HWY 335
City-State-Zip:	WILLISTON FL 32696

Title	D
Name	TRAYLOR, STEVE
Address	18691 NE 61 LANE
City-State-Zip:	WILLISTON FL 32696

Title	P
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

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

*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: BROOKS, LOGAN****PRINCIPAL****01/26/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date