

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000009697**

1. Entity Name

**CHURCH OF CHRIST IN WILLISTON INC.**



Principal Place of Business

**240 NE HWY. 121  
 WILLISTON FL 32696**

Mailing Address

**P.O. BOX 547  
 WILLISTON FL 32696**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**32-0131110**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

**DAVISSON, SANDY  
 19890 NE 53RD PLACE  
 WILLISTON FL 32696**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

000000401605  
 02/02/06-80050-011 61.25

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PO	WATSON, NATHAN	7751 NE 134 TERR	BRONSON FL 32621	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VTD	BROWN, JAMES A	15250 NE 52 LN	WILLISTON FL 32696	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	DAVISSON, SANDY	19890 NE 53 PLACE	WILLISTON FL 32696	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SAYLOR, WAYNE	5484 NE 140 CT.	WILLISTON FL 32696	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

*Handwritten signatures and initials at the bottom of the page.*