

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2008
Secretary of State**

DOCUMENT# N04000009697

Entity Name: CHURCH OF CHRIST IN WILLISTON INC.

Current Principal Place of Business:

240 NE HWY. 121
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 547
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 32-0131110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAYLOR, PHILLIP W
5484 NE 140TH CT
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATSON, NATHAN
Address: 7751 NE 134 TERR
City-St-Zip: BRONSON, FL 32621

Title: VTD () Delete
Name: BROWN, JAMES A
Address: 15250 NE 52 LN
City-St-Zip: WILLISTON, FL 32696

Title: SD () Delete
Name: SAYLOR, PHILLIP W
Address: 5484 NE 140TH CT
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHILLIP W. SAYLOR

SD

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date