

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010068

FILED
Jan 21, 2009
Secretary of State

Entity Name: WILLISTON CROSSINGS COMMUNITY CHURCH, INC.

Current Principal Place of Business:

410 NE 5TH ST.
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

410 NE 5TH ST.
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 80-0289343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, BILL
410 NE 5TH ST.
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: MARTIN, WILLIAM D
Address: P. O. BOX 1025
City-St-Zip: WILLISTON, FL 32696

Title: VD () Delete
Name: MARTIN, BILL
Address: P. O. BOX 1025
City-St-Zip: WILLISTON, FL 32696

Title: ST () Delete
Name: MARTIN, DENISE
Address: P. O. BOX 1025
City-St-Zip: WILLISTON, FL 32696

Title: T () Delete
Name: SPENCER, JAY
Address: 410 NE 5TH ST.
City-St-Zip: WILLISTON, FL 32696

Title: T () Delete
Name: SPENCER, JOYCE
Address: 410 NE 5TH ST.
City-St-Zip: WILLISTON, FL 32696

Title: T () Delete
Name: HELTON, JERRY
Address: 410 NE 5TH ST.
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:

Title: T (X) Change () Addition
Name: SPENCE, JAY
Address: 410 NE 5TH ST.
City-St-Zip: WILLISTON, FL 32696

Title: T (X) Change () Addition
Name: SPENCE, JOYCE
Address: 410 NE 5TH ST.
City-St-Zip: WILLISTON, FL 32696

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: BILL MARTIN

OWNE

01/21/2009

Electronic Signature of Signing Officer or Director

Date