2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008168

FILED Aug 28, 2006 Secretary of State

Entity Name: CHURCH OF CHRIST THE VILLAGES, INC. **Current Principal Place of Business: New Principal Place of Business:** 109 W CLENDON STREET LADY LAKE, FL **Current Mailing Address: New Mailing Address:** PO BOX 1051 THE VILLAGES, FL 321581051 FEI Number: 43-1957774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAINER, JAMES L 12086 SE 178TH STREET SUMMERFIELD, FL 34491 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete DCT () Change () Addition ADDISON, KENNETH Name: Name: Address: 33238 SEASHELL LANE Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: Title: DVC () Delete Title: () Change () Addition Name: GAINER, JAMES L Name: Address: 12086 SE 178TH STREET Address: City-St-Zip: SUMMERFIELD, FL 34491 City-St-Zip: Title: () Delete Title: () Change () Addition DEMOPULOS, GEORGE Name: Name: Address: 11400 SE 177TH STREET Address: City-St-Zip: SUMMERFIELD, FL 34491 City-St-Zip: Title: () Delete Title: **TRES** () Change (X) Addition Name: Name: LECRONE, ROY 17243 SE 85TH WILLOWICK CIRCLE Address: Address: City-St-Zip: City-St-Zip: THE VILLAGES, FL 32162

I hereby certify that the information supplied with this filing does not qualify for the 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: ROY LECRONE TRES 08/28/2006