2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 21, 2003 8:00 am Secretary of State DOCUMENT # N0200008168 1. Entity Name 01-21-2003 90099 041 ****61.25 CHURCH OF CHRIST THE VILLAGES, INC. Principal Place of Business Mailing Address 109 W CLENDON STREET PO BOX 1051 LADY LAKE FL THE VILLAGES FL 32158-1051 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 43-1957774 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent James L. GAINER TOMÙINSON, EVÉRETT H Street Address (P.O. Box Number is Not Acceptable) 1411 ELANA PLACE THE VILLAGES FL 32159 9137 SE 169th BENTLEY ST. 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. nature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DCT TITLE Delete TITLE Addition Addison, SR., Kenneth E. 33238 Seashell Lane TIMUNSON, EVERETT H NAME NAME STREET ADDRESS 1411 ELANA PLACE STREET ADDRESS CITY-ST-ZIP THE VILLAGES FL 32159 CITY-ST-ZIP Leesburg , FL. 34788 DVC TITLE Delete TITLE ☐ Change ☐ Addition GAINER, JAMES L NAME NAME STREET ADDRESS 9137 SE 169 BENTLEY STREET STREET ADDRESS CITY-ST-ZIP THE VILLAGES FL 32162 CITY-ST-ZIP DS ☐ Delete Change Addition **DEMOPULOS, GEORGE** NAME STREET ADDRESS 11400 SE 177TH STREET STREET ADDRESS CITY-ST-ZIP SUMMERFIELD FL 34491 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

James L. GAINER 1/16/03