

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90020 035 ****61.25

DOCUMENT # N05000008386

1. Entity Name

**THE UNITED CHURCH OF CHRIST AT THE VILLAGES,
INC.**



Principal Place of Business

**14650 S.E. 95TH AVENUE
SUMMERFIELD FL 34491**

Mailing Address

**14650 S.E. 95TH AVENUE
SUMMERFIELD FL 34491**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

51-0538326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEIDL, RAYMOND
14650 S.E. 95TH AVENUE
SUMMERFIELD FL 34491**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 **M** ☐ Delete
NAME **PEIDL, RAYMOND**
STREET ADDRESS **1345 HARLEY CIR.**
CITY-ST-ZIP **THE VILLAGES FL 32162**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VM** ☐ Delete
NAME **BAIL, DOLORES**
STREET ADDRESS **8740 SE 174TH SUMMIT ST.**
CITY-ST-ZIP **THE VILLAGE FL 32162**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **NEDER, MARY A**
STREET ADDRESS **620 JAMESTON AVE**
CITY-ST-ZIP **THE VILLAGE FL 32162**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **TONI SIGNORETTI**
STREET ADDRESS **419 CALHOUN COURT**
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE **MC** ☒ Delete
NAME **MCCOY, MAUREEN**
STREET ADDRESS **2886 CHELTAN HAM CT**
CITY-ST-ZIP **THE VILLAGES FL 32162**

TITLE **RECORDER** ☒ Change ☐ Addition
NAME **MONICA PEIDL**
STREET ADDRESS **1345 HARLEY CIRCLE**
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE **MC** ☒ Delete
NAME **NEW, BEN REV DR.**
STREET ADDRESS **618 SAN MARINO DRIVE**
CITY-ST-ZIP **THE VILLAGES FL 32159**

TITLE **MEMBERSHIP CLERK** ☒ Change ☐ Addition
NAME **JANE KELLY**
STREET ADDRESS **810 ST. ANDREWS BLVD.**
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE **M** ☒ Delete
NAME **NEDER, MARY ANN**
STREET ADDRESS **620 JAMESTON AVENUE**
CITY-ST-ZIP **THE VILLAGES FL 32162**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **JACK HUMPHREYS**
STREET ADDRESS **1688 NELSON TERRACE**
CITY-ST-ZIP **THE VILLAGES, FL 32162**

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.

SIGNATURE: Raymond Peidl, moderator