

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008386

FILED  
Jun 19, 2009  
Secretary of State

**Entity Name:** THE UNITED CHURCH OF CHRIST AT THE VILLAGES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 51-0538326      **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:**

PEIDL, RAYMOND  
14650 S.E. 95TH AVENUE  
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:**

Title: M      ( ) Delete  
Name: PEIDL, RAYMOND  
Address: 1345 HARLEY CIR.  
City-St-Zip: THE VILLAGES, FL 32162

Title: VM      ( ) Delete  
Name: BAIL, DOLORES  
Address: 8740 SE 174TH SUMMIT ST.  
City-St-Zip: THE VILLAGE, FL 32162

Title: S      ( ) Delete  
Name: SIGNORETTI, TONI  
Address: 419 CALHOUN COURT  
City-St-Zip: THE VILLAGES, FL 32162

Title: R      ( ) Delete  
Name: PEIDL, MONICA  
Address: 1345 HARLEY CIRCLE  
City-St-Zip: THE VILLAGES, FL 32162

Title: MC      ( ) Delete  
Name: KELLY, JANE  
Address: 810 ST ANDREWS BLVD  
City-St-Zip: THE VILLAGES, FL 32162

Title: T      ( ) Delete  
Name: HUMPHREYS, JACK  
Address: 1688 NELSON TERRACE  
City-St-Zip: THE VILLAGES, FL 32162

**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:      ( ) 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: RAYMOND PEIDL

M

06/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date