## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005259

Entity Name: THE VILLAGES CHARTER SCHOOL, INC.

## **Current Principal Place of Business:**

350 TATONKA TERRACE THE VILLAGES, FL 32162

# **Current Mailing Address:**

350 TATONKA TERRACE THE VILLAGES, FL 32162 US

# FEI Number: 59-3597803

## Name and Address of Current Registered Agent:

HUDSON, BRIAN D ESQ. 3619 KIESSEL ROAD THE VILLAGES, FL 32163 US

Date

Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

| Title           | DIRECTOR                         | Title           | DIRECTOR                  |
|-----------------|----------------------------------|-----------------|---------------------------|
| Name            | WIECHENS, DEVON                  | Name            | LESTER, GARY              |
| Address         | 3619 KIESSEL ROAD                | Address         | 3619 KIESSEL ROAD         |
| City-State-Zip: | THE VILLAGES FL 32163            | City-State-Zip: | THE VILLAGES FL 32163     |
| Title           | DIRECTOR                         | Title           | DIRECTOR                  |
| Name            | FRANCIS, PATRICIA                | Name            | STEPHENS, SCOTT           |
| Address         | 2240 CLEARWATER RUN              | Address         | 4064 W. STATE ROAD 44     |
| City-State-Zip: | THE VILLAGES FL 32162            | City-State-Zip: | LAKE PANASOFFKEE FL 33538 |
| Title           | DIRECTOR                         |                 |                           |
| Name            | THEECK, JOHN DR.                 |                 |                           |
| Address         | 1950 LAUREL MANOR DR., SUITE 204 |                 |                           |
| City-State-Zip: | THE VILLAGES FL 32162            |                 |                           |

I hereby 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 all other like empowered.

## SIGNATURE: GARY LESTER

DIRECTOR

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02/18/2022
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Electronic Signature of Signing Officer/Director Detail

Date