

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90040 037 \*\*\*\*61.25



**DOCUMENT # 763604**  
 1. Entity Name  
**NATIONAL CHURCH RESIDENCES OF JACKSONVILLE, FLORIDA, INC.**

Principal Place of Business  
**3933 PRITMORE RD  
 JACKSONVILLE, FL 32257 US**

Mailing Address  
**2335 NORTH BANK DR.  
 COLUMBUS, OH 43220 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03302004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**31-1046830**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
 Due by May 1, 2004

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	D	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, HERBERT	
STREET ADDRESS	2335 N BANK DRIVE	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	P	<input type="checkbox"/> Delete
NAME	RICKETTS, MARK	
STREET ADDRESS	2335 NORTH BANK DR.	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERBER, STEVEN	
STREET ADDRESS	2335 N BANK DR	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, JOHN	
STREET ADDRESS	2335 N BANK DR.	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	KASBERG, JOSEPH R.	
STREET ADDRESS	2335 N BANK DR.	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERCE, A. KENNETH	
STREET ADDRESS	2335 NORTH BANK DRIVE	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMPHRIES, BARRY	
STREET ADDRESS	2335 NORTH BANK DRIVE	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, RON	
STREET ADDRESS	2335 NORTH BANK DRIVE	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANISON, NANCI	
STREET ADDRESS	2335 NORTH BANK DRIVE	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOVER, UDI	
STREET ADDRESS	2335 NORTH BANK DRIVE	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**SIGNATURE:** Mark R. Ricketts 4/1/04 614-451-2151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #