

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
31-1046830 Applied For
 Not Applicable

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**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUNNINGHAM, HERBERT 2335 N BANK DRIVE COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RICKETTS, MARK 2335 NORTH BANK DR. COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KERBER, STEVEN 2335 N BANK DR COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANISON, Nanci 2335 N BANK DR. COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST KASBERG, JOSEPH R. 2335 N BANK DR. COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000165010
 01/20/05-80055-010 61.25

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

SIGNATURE: Mark R. Ricketts **1/5/05** **614-451-2151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #