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FILED  
Mar 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 767057 (3)

1. Corporation Name

CANTERBURY AT THE CROSSINGS, INC.

Principal Place of Business

6954 AMERICANA HIGHWAY  
REYNOLDSBURG OH 43068-4551

Mailing Address

6954 AMERICANA HIGHWAY  
REYNOLDSBURG OH 43068-4115



3. Date incorporated or Qualified  
02/17/1983

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3041567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARTLING, JOHN B	
STREET ADDRESS	6954 AMERICANA HIGHWAY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068-4551	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLACKMORE, DAVID P	
STREET ADDRESS	6954 AMERICANA HIGHWAY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068-4551	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KOEGLER, RONALD P	
STREET ADDRESS	6954 AMERICANA HIGHWAY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068-4551	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOURDER, MICHELE R	
STREET ADDRESS	6954 AMERICANA HIGHWAY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068-4551	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MEYER, JEFFREY D	
STREET ADDRESS	6954 AMERICANA HIGHWAY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068-4551	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, MARK D	
STREET ADDRESS	6954 AMERICANA HIGHWAY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068-4551	

1.1 TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bartling, John B.	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sosh, Michael F.	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Koegler, Ronald P.	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Selid, Paul R.	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	V/CFO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Thompson, Mark D.	
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeffrey D. Meyer* SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075868

(614) 575-5223

CR2E037 (9/96)