

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 768879

1. Entity Name
**NATIONAL CHURCH RESIDENCES OF EASTERN,
FLORIDA, INC.**



Principal Place of Business
**3015 SPINKS RD
SEBRING, FL 33870 US**

Mailing Address
**2335 N BANK DR
COLUMBUS, OH 43220 US**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1070769

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

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

(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
**P
RICKETTS, MARK R
2335 N BANK DRIVE
COLUMBUS, OH 43220**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KERBER, STEVEN
2335 NORTH BANK DRIVE
COLUMBUS, OH 43220**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PIERCE, KENNETH
2335 N BANK DRIVE
COLUMBUS, OH 43220**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
KASBERG, JOSEPH R.
2335 N BANK DRIVE
COLUMBUS, OH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUMPHRIES, BARRY
2335 NORTH BANK DRIVE
COLUMBUS, OH 43220**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000185005
01/20/05-80055-005 61.25

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark R. Ricketts

1/5/05
Date

614-457-2151
Daytime Phone #