

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90038 019 \*\*\*\*61.25

**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

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-NP CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICKETTS, MARK R
STREET ADDRESS	2335 N BANK DRIVE
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	D
NAME	KERBER, STEVEN
STREET ADDRESS	2335 NORTH BANK DRIVE
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	D
NAME	PIERCE, KENNETH
STREET ADDRESS	2335 N BANK DRIVE
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	VPST
NAME	KASBERG, JOSEPH R.
STREET ADDRESS	2335 N BANK DRIVE
CITY-ST-ZIP	COLUMBUS, OH
TITLE	D
NAME	HUMPHRIES, BARRY
STREET ADDRESS	2335 NORTH BANK DRIVE
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/9/06

Date

614-451-2151

Daytime Phone #