## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#768879**

FILED Apr 30, 2009 Secretary of State

Entity Name: NATIONAL CHURCH RESIDENCES OF EASTERN, FLORIDA, INC.

Current Principal Place of Business: 3015 SPINKS RD SEBRING, FL 33870 US			New Princ	New Principal Place of Business:	
	lailing Add	ress:	New Mail	ling Address:	
2335 N BA COLUMBL	NK DR JS, OH 432	20 US			
FEI Number:	: 31-1070769	FEI Number Applied For	( ) FEI Number Not App	plicable ( ) Certificate of Status Desired ( )	
Name and	Address o	of Current Registered Age	nt: Name and	d Address of New Registered Agent:	
1201 HAYS TALLAHAS	S STREET SSEE, FL 3				
	named ent e of Florida.	ity submits this statement fo	r the purpose of changing	its registered office or registered agent, or both,	
SIGNATUF					
Electronic Signature of Registered Agent			ed Agent	Date	
OFFICERS	S AND DIR	ECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P RICKETTS, 2335 N BAN COLUMBUS		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:		() Delete JOSEPH R H BANK DRIVE 5, OH 43220	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ADAMS, RO 2335 N BAN COLUMBUS		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition RUSSELL, DONALD 2335 N BANK DRIVE COLUMBUS, OH 43220	
Title: Name: Address: City-St-Zip:	D JONES, FLO 2335 N BAN COLUMBUS	IK DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition RISH, STEPHEN 2335 N BANK DRIVE COLUMBUS, OH	
Title: Name: Address: City-St-Zip:		(X) Delete STEVEN H BANK DRIVE 5, OH 43220	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK R. RICKETTS P 04/30/2009