

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 768880 1. Entity Name NATIONAL CHURCH RESIDENCES OF DAYTONA BEACH, FLORIDA, INC.	
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Principal Place of Business 956 DERBYSHIRE ROAD DAYTONA BEACH, FL 32117-2933	Mailing Address 2335 NORTH BANK DRIVE COLUMBUS, OH 43220
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01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1070765	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
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

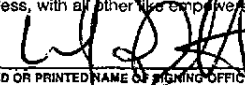
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, KENNETH 2335 NORTH BANK DRIVE COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, RON 2335 NORTH BANK DRIVE COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHRIES, BARRY 2335 NORTH BANK DRIVE COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICKETTS, MARK 2335 NORTH 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	VPST KASBERG, JOSEPH R. 2335 NORTH BANK DRIVE COLUMBUS, OH 43220

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01/20/05-80055-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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:  **Mark R. Ricketts** **1/5/05** **614-451-2157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #