

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90193 013 ****61.25

0087367

DOCUMENT # 768880

1. Entity Name
**NATIONAL CHURCH RESIDENCES OF DAYTONA BEACH, FLO
RIDA, INC.**



Principal Place of Business
**956 DERBYSHIRE ROAD
DAYTONA BEACH FL 32117-2933**

Mailing Address
**2335 NORTH BANK DRIVE
COLUMBUS OH 43220**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **31-1070765** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BELLMAN, LARRY | |
| STREET ADDRESS | 2335 NORTH BANK DRIVE | |
| CITY-ST-ZIP | COLUMBUS OH | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JONES, JOHN L. | |
| STREET ADDRESS | 2335 NORTH BANK DRIVE | |
| CITY-ST-ZIP | COLUMBUS OH | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HUMPHRIES, BARRY | |
| STREET ADDRESS | 2335 NORTH BANK DRIVE | |
| CITY-ST-ZIP | COLUMBUS OH | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | RICKETTS, MARK | |
| STREET ADDRESS | 2335 NORTH BANK DRIVE | |
| CITY-ST-ZIP | COLUMBUS OH 43220 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KERBER, STEVEN | |
| STREET ADDRESS | 2335 NORTH BANK DRIVE | |
| CITY-ST-ZIP | COLUMBUS OH | |
| TITLE | VPST | <input type="checkbox"/> Delete |
| NAME | KASBERG, JOSEPH R. | |
| STREET ADDRESS | 2335 NORTH BANK DRIVE | |
| CITY-ST-ZIP | COLUMBUS OH | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | William E. Blaine | |
| STREET ADDRESS | 2335 North Bank Dr. | |
| CITY-ST-ZIP | Columbus OH 43220 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Herbert Cunningham | |
| STREET ADDRESS | 2335 North Bank Dr. | |
| CITY-ST-ZIP | Columbus OH 43220 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | A. Kenneth Pierce | |
| STREET ADDRESS | 2335 North Bank Dr. | |
| CITY-ST-ZIP | Columbus OH 43220 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Nanci Danison | |
| STREET ADDRESS | 2335 North Bank Dr. | |
| CITY-ST-ZIP | Columbus OH 43220 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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** *(Signature)* **3/31/03** **614-451-2151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)