

FA000001447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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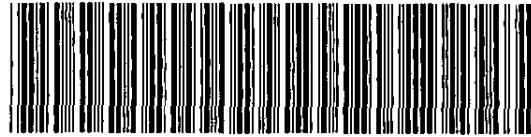
(Business Entity Name)

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TALLAHASSEE FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

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**DATE: 4/01/2014**

**NAME: NATIONAL CHURCH RESIDENCES - HEALTH CARE**

**TYPE OF FILING: APPLICATION**

**COST: \$70**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** National Church Residences - Health Care

Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Suzann Cunningham

Name of Person

National Church Residences - Health Care

Firm/Company

2335 North Bank Drive

Address

Columbus, OH 43220

City/State and Zip Code

jnaderhoff@nationalchurchresidences.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzann Cunningham

Name of Person

at ( 614 ) 273-3534

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|---|

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

**1. National Church Residences - Health Care Corporation**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Ohio 3. 20-2105415  
(State or country under the law of which it is incorporated) (PEI number, if applicable)

4. 01/06/2005 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 3/31/2014  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2335 North Bank Drive, Columbus, Ohio 43220  
(Principal office address)

2335 North Bank Drive, Columbus, Ohio 43220  
(Current mailing address)

8. provide affordable housing and services to elderly individuals  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: National Corporate Research, Ltd., Inc.

Office Address: 155 Office Place Drive

Tallahassee, Florida 30301  
(City) (Zip Code)

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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Colleen W Mahon  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Paul Bloomfield

Address: 2335 North Bank Drive  
Columbus, Ohio 43220

Director: Michael Flowers

Address: 2335 North Bank Drive  
Columbus, OH 43220

**B. OFFICERS**

President: Joanne Whiteman

Address: 2335 North Bank Drive  
Columbus, OH 43220

Vice President: Steven A. Van Camp

Address: 2335 North Bank Drive  
Columbus, OH 43220

Secretary: Judith Naderhoff

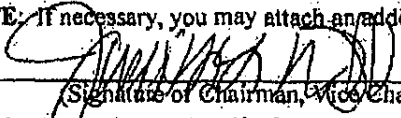
Address: 2335 North Bank Drive, Columbus, OH 43220

Treasurer: Judith Naderhoff

Address: 2335 North Bank Drive, Columbus, OH 43220

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Judith Naderhoff, Secretary-Treasurer  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NATIONAL CHURCH RESIDENCES - HEALTH CARE, an Ohio not for profit corporation, Charter No. 1510582, having its principal location in Columbus, County of Franklin, was incorporated on January 6, 2005 and is currently in GOOD STANDING upon the records of this office.*

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TALLAHASSEE FLORIDA



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 31st day of March, A.D. 2014.*

*Jon Husted*

Ohio Secretary of State

Validation Number: 201409002430