
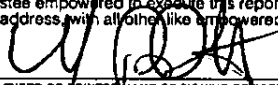


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

04-22-2004 90084 008 ****61.25

| | | | |
|--|--|--|--|
| DOCUMENT # N03000002111 | |  | |
| 1. Entity Name GROVE CITY SENIOR, INC. | | | |
| Principal Place of Business 2335 NORTH BANK DRIVE COLUMBUS, OH | | Mailing Address 2335 NORTH BANK DRIVE COLUMBUS, OH | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CUNNINGHAM, HERBERT 2335 NORTH BANK DRIVE COLUMBUS, OH <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SLEMMER, THOMAS W. 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, JOHN L 2335 NORTH BANK DRIVE COLUMBUS, OH <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RICKETTS, MARK R. 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEBER, STEVEN 2335 NORTH BANK DRIVE COLUMBUS, OH <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP NORRIS, MICHELLE H. 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST KASBERG, JOSEPH R. 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PIERCE, A. KENNETH 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUMPHRIES, BARRY 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  | | M. R. Ricketts | 4/1/04 614-451-2151 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |

66419927



03302004 Chg-NP CR2E037 (10/03)

4. FEI Number **54-2101247** Applied For Not Applicable

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