

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2006 8:00 am
Secretary of State

07-21-2006 90029 038 ****61.25

DOCUMENT # N05000009735 1. Entity Name MAGNOLIA POINTE SENIOR HOUSING, INC.			
Principal Place of Business 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 US		Mailing Address 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 US	
2. Principal Place of Business 2335 North Bank Drive Suite, Apt. #, etc.		3. Mailing Address 2335 North Bank Drive Suite, Apt. #, etc.	
City & State Columbus, OH Zip 43220		City & State Columbus, OH Zip 43220	
Country USA		Country USA	
4. FEI Number 20-3507635		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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 6, 2006		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Please see attached	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Joseph R. Kasberg 7/11/06 614-451-2151 Date Daytime Phone #	

List of All Principal Participants

Names and Addresses of All Known Principals and Affiliates (people, businesses and organizations) proposing to participate in the project described above. (List names alphabetically; last, first, middle initial.)

<u>Directors</u>	<u>Role of Each</u>	<u>% Ownership</u>
Humphries, Barry K. 2335 North Bank Drive, Columbus, OH 43220	Director	0%
Kerber, Steven R. 2335 North Bank Drive, Columbus, OH 43220	Director	0%
Pierce, A. Kenneth 2335 North Bank Drive, Columbus, OH 43220	Director	0%
<u>Officers</u>	<u>Role of Each</u>	<u>% Ownership</u>
Slemmer, Thomas W. 2335 North Bank Drive, Columbus, OH 43220	President	0%
Kasberg, Joseph R. 2335 North Bank Drive, Columbus, OH 43220	VP/Secretary/Treasurer	0%
Norris, Michelle H. 2335 North Bank Drive, Columbus, OH 43220	Vice President	0%
Ricketts, Mark R. 2335 North Bank Drive, Columbus, OH 43220	Vice President	0%

ATTACHMENT
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No 500009735