

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

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

07-21-2006 90029 032 ****61.25

DOCUMENT # N05000012728 1. Entity Name NATIONAL CHURCH RESIDENCES OF SILVER PALMS HOUSING, INC.																																																																																									
Principal Place of Business 2335 NORTH BANK DRIVE COLUMBUS, OH 43220			Mailing Address 2335 NORTH BANK DRIVE COLUMBUS, OH 43220																																																																																						
2. Principal Place of Business 2335 North Bank Dr. Suite, Apt. #, etc.		3. Mailing Address 2335 North Bank Dr. Suite, Apt. #, etc.																																																																																							
City & State Columbus, OH Zip 43220 Country USA		City & State Columbus, OH Zip 43220 Country USA		4. FEI Number 20-4164613 Applied For ☐ Not Applicable																																																																																					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				07082006 Chg-NP CR2E037 (4/06)																																																																																					
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 _____ 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2" rowspan="2" style="height: 40px; vertical-align: middle; text-align: center;"> please see attached </td> </tr> <tr> <td>CITY-ST-ZIP</td> </tr> <tr><td>TITLE</td><td>NAME</td><td>Delete ☐</td></tr> <tr><td>STREET ADDRESS</td><td colspan="2" rowspan="2"></td></tr> <tr><td>CITY-ST-ZIP</td></tr> <tr><td>TITLE</td><td>NAME</td><td>Delete ☐</td></tr> <tr><td>STREET ADDRESS</td><td colspan="2" rowspan="2"></td></tr> <tr><td>CITY-ST-ZIP</td></tr> <tr><td>TITLE</td><td>NAME</td><td>Delete ☐</td></tr> <tr><td>STREET ADDRESS</td><td colspan="2" rowspan="2"></td></tr> <tr><td>CITY-ST-ZIP</td></tr> <tr><td>TITLE</td><td>NAME</td><td>Delete ☐</td></tr> <tr><td>STREET ADDRESS</td><td colspan="2" rowspan="2"></td></tr> <tr><td>CITY-ST-ZIP</td></tr> <tr><td>TITLE</td><td>NAME</td><td>Delete ☐</td></tr> <tr><td>STREET ADDRESS</td><td colspan="2" rowspan="2"></td></tr> <tr><td>CITY-ST-ZIP</td></tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change ☐ Addition ☐</td> </tr> <tr><td>STREET ADDRESS</td><td colspan="2" rowspan="2"></td></tr> <tr><td>CITY-ST-ZIP</td></tr> <tr><td>TITLE</td><td>NAME</td><td>Change ☐ Addition ☐</td></tr> <tr><td>STREET ADDRESS</td><td colspan="2" rowspan="2"></td></tr> <tr><td>CITY-ST-ZIP</td></tr> <tr><td>TITLE</td><td>NAME</td><td>Change ☐ Addition ☐</td></tr> <tr><td>STREET ADDRESS</td><td colspan="2" rowspan="2"></td></tr> <tr><td>CITY-ST-ZIP</td></tr> <tr><td>TITLE</td><td>NAME</td><td>Change ☐ Addition ☐</td></tr> <tr><td>STREET ADDRESS</td><td colspan="2" rowspan="2"></td></tr> <tr><td>CITY-ST-ZIP</td></tr> <tr><td>TITLE</td><td>NAME</td><td>Change ☐ Addition ☐</td></tr> <tr><td>STREET ADDRESS</td><td colspan="2" rowspan="2"></td></tr> <tr><td>CITY-ST-ZIP</td></tr> <tr><td>TITLE</td><td>NAME</td><td>Change ☐ Addition ☐</td></tr> <tr><td>STREET ADDRESS</td><td colspan="2" rowspan="2"></td></tr> <tr><td>CITY-ST-ZIP</td></tr> </table>						TITLE	NAME	Delete ☐	STREET ADDRESS	please see attached		CITY-ST-ZIP	TITLE	NAME	Delete ☐	STREET ADDRESS			CITY-ST-ZIP	TITLE	NAME	Delete ☐	STREET ADDRESS			CITY-ST-ZIP	TITLE	NAME	Delete ☐	STREET ADDRESS			CITY-ST-ZIP	TITLE	NAME	Delete ☐	STREET ADDRESS			CITY-ST-ZIP	TITLE	NAME	Delete ☐	STREET ADDRESS			CITY-ST-ZIP	TITLE	NAME	Change ☐ Addition ☐	STREET ADDRESS			CITY-ST-ZIP	TITLE	NAME	Change ☐ Addition ☐	STREET ADDRESS			CITY-ST-ZIP	TITLE	NAME	Change ☐ Addition ☐	STREET ADDRESS			CITY-ST-ZIP	TITLE	NAME	Change ☐ Addition ☐	STREET ADDRESS			CITY-ST-ZIP	TITLE	NAME	Change ☐ Addition ☐	STREET ADDRESS			CITY-ST-ZIP	TITLE	NAME	Change ☐ Addition ☐	STREET ADDRESS			CITY-ST-ZIP
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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: _____ Joseph R. Kasberg 7-11-06 64-451-2151 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																									

66022667



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 5000012728