

# 2002 UNIFORM BUSINESS REPORT (UBR)

0082180

DOCUMENT # N99000007449

*ppp/1st*

1. Entity Name

**NATIONAL CHURCH RESIDENCES OF NEW PORT RICHEY, I NC.**

FILED

02 FEB 18 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2335 NORTH BANK DRIVE  
COLUMBUS OH 43220

2335 NORTH BANK DRIVE  
COLUMBUS OH 43220

2. Principal Place of Business

*5852 Sea Forest Dr.*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*New Port Richey FL*

City & State

4. FEI Number

**59-3288354**

Applied For

Not Applicable

Zip

Country

*34652 Pasco*

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KERBER, STEVEN R</b>	
STREET ADDRESS	<b>2335 NORTH BANK DR.</b>	
CITY-ST-ZIP	<b>COLOUMBUS OH 43220</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GIBEAUT, WILLIAM</b>	
STREET ADDRESS	<b>2335 NORTH BANK DRIVE</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43220</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, JOHN L</b>	
STREET ADDRESS	<b>2335 NORTH BANK DRIVE</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43220</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Herbert Cunningham</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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: **SIGNATURE REQUIRED**

*2-08-02 614-451-2151*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

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**National Church Residences of Christian City of Florida, Inc.**

<b>Positon</b>	<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Director</b>	Steven Kerber	2335 N. Bank Dr	Columbus	OH	43220
<b>Director</b>	Herbert CuningHam	2335 N. Bank Dr	Columbus	OH	43220
<b>Director</b>	John L. Jones	2335 N. Bank Dr	Columbus	OH	43220
<b>Director</b>	Barry Humphries	2335 N. Bank Dr	Columbus	OH	43220
<b>Director</b>	A. Kenneth Pierce	2335 N. Bank Dr	Columbus	OH	43220
<b>Director</b>	William E. Blaine Jr.	2335 N. Bank Dr	Columbus	OH	43220
<b>President</b>	Thomas Slemmer	2335 N. Bank Dr	Columbus	OH	43220
<b>Vice</b>					
<b>President</b>	Mark Ricketts	2335 N. Bank Dr	Columbus	OH	43220
<b>Vice</b>					
<b>President</b>	Michelle Norris	2335 N. Bank Dr	Columbus	OH	43220
<b>Secretary</b>					
<b>Treasurer</b>	Joe Kasberg	2335 N. Bank Dr	Columbus	OH	43220