


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90328 002 ****61.25

DOCUMENT # N99000007449			
1. Entity Name NATIONAL CHURCH RESIDENCES OF NEW PORT RICHEY, INC.			
Principal Place of Business 5852 SEA FOREST DR NEW PORT RICHEY, FL 34652		Mailing Address 2335 NORTH BANK DRIVE COLUMBUS, OH 43220	
2. Principal Place of Business 2335 NORTH BANK DRIVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COLUMBUS, OH		City & State	
Zip 43220	Country USA	Zip	Country
4. FEI Number 31-1688344		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

14013899



03302004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: STEPHEN RICKETTS DATE: _____

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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	D	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KERBER, STEVEN R			NAME	SLEMMER, THOMAS W.		
STREET ADDRESS	2335 NORTH BANK DR.			STREET ADDRESS	2335 NORTH BANK DRIVE		
CITY-ST-ZIP	COLOUMBUS, OH 43220			CITY-ST-ZIP	COLUMBUS, OH 43220		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CUNNINGHAM, HERBERT			NAME	PIERCE, A. KENNETH		
STREET ADDRESS	2335 NORTH BANK DRIVE			STREET ADDRESS	2335 NORTH BANK DRIVE		
CITY-ST-ZIP	COLUMBUS, OH 43220			CITY-ST-ZIP	COLUMBUS, OH 43220		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JONES, JOHN L			NAME	HUMPHRIES, BARRY		
STREET ADDRESS	2335 NORTH BANK DRIVE			STREET ADDRESS	2335 NORTH BANK DRIVE		
CITY-ST-ZIP	COLUMBUS, OH 43220			CITY-ST-ZIP	COLUMBUS, OH 43220		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORRIS, MICHELLE			NAME			
STREET ADDRESS	2335 NORTH BANK DR.			STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS, OH 43220			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICKETTS, MARK			NAME			
STREET ADDRESS	2335 NORTH BANK DR			STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS, OH, 43220			CITY-ST-ZIP			
TITLE	VPST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KASBERG, JOSEPH R			NAME			
STREET ADDRESS	2335 NORTH BANK DR			STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS, OH 43220			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] M. R. Ricketts Date: 4/1/04 Daytime Phone #: 614-451-2151