


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

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90038 021 ****61.25

DOCUMENT # N99000007449 1. Entity Name NATIONAL CHURCH RESIDENCES OF NEW PORT RICHEY, INC.	
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Principal Place of Business 2335 NORTH BANK DRIVE COLUMBUS, OH 43220	Mailing Address 2335 NORTH BANK DRIVE COLUMBUS, OH 43220
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1688344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERBER, STEVEN R 2335 NORTH BANK DR. COLOUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLEMMER, THOMAS W 2335 NORTH BANK DRIVE COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, A. KENNETH 2335 NORTH BANK DRIVE COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORRIS, MICHELLE 2335 NORTH BANK DR. COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICKETTS, MARK 2335 NORTH BANK DR COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST KASBERG, JOSEPH R 2335 NORTH BANK DR COLUMBUS, OH 43220

**DO NOT WRITE
IN THIS SPACE**

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:  **Mark R. Ricketts** **1/9/06** **614-451-2151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #