

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2007  
Secretary of State**

DOCUMENT# N99000007449

Entity Name: NATIONAL CHURCH RESIDENCES OF NEW PORT RICHEY, INC.

**Current Principal Place of Business:**

2335 NORTH BANK DRIVE  
COLUMBUS, OH 43220

**New Principal Place of Business:**

**Current Mailing Address:**

2335 NORTH BANK DRIVE  
COLUMBUS, OH 43220

**New Mailing Address:**

FEI Number: 31-1688344      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: KERBER, STEVEN R  
Address: 2335 NORTH BANK DR.  
City-St-Zip: COLOUMBUS, OH 43220

Title: P      ( ) Delete  
Name: SLEMMER, THOMAS W  
Address: 2335 NORTH BANK DRIVE  
City-St-Zip: COLUMBUS, OH 43220

Title: D      ( ) Delete  
Name: PIERCE, A. KENNETH  
Address: 2335 NORTH BANK DRIVE  
City-St-Zip: COLUMBUS, OH 43220

Title: VP      ( ) Delete  
Name: NORRIS, MICHELLE  
Address: 2335 NORTH BANK DR.  
City-St-Zip: COLUMBUS, OH 43220

Title: VP      ( ) Delete  
Name: RICKETTS, MARK  
Address: 2335 NORTH BANK DR  
City-St-Zip: COLUMBUS, OH 43220

Title: VPST      ( ) Delete  
Name: KASBERG, JOSEPH R  
Address: 2335 NORTH BANK DR  
City-St-Zip: COLUMBUS, OH 43220

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: KERBER, STEVEN R  
Address: 2335 NORTH BANK DR.  
City-St-Zip: COLUMBUS, OH 43220

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK R. RICKETTS

VP

01/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date