


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90194 013 \*\*\*61.25

**DOCUMENT # N99000007449**

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



Principal Place of Business  
**5852 SEA FOREST DR  
NEW PORT RICHEY FL 34652**

Mailing Address  
**2335 NORTH BANK DRIVE  
COLUMBUS OH 43220**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **31-1688344**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

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 type="checkbox"/> Delete
NAME	<b>CUNNINGHAM, HERBERT</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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michelle Norris</b>	
STREET ADDRESS	<b>2335 North Bank Dr.</b>	
CITY-ST-ZIP	<b>Columbus, OH 43220</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mark Ricketts</b>	
STREET ADDRESS	<b>2335 North Bank Dr.</b>	
CITY-ST-ZIP	<b>Columbus, OH 43220</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joseph R. Kasberg</b>	
STREET ADDRESS	<b>2335 North Bank Dr.</b>	
CITY-ST-ZIP	<b>Columbus, OH 43220</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas W. Stlemmer</b>	
STREET ADDRESS	<b>2335 North Bank Dr.</b>	
CITY-ST-ZIP	<b>Columbus, OH 43220</b>	
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 817, 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 Ricketts** *[Signature]* **3/31/03** **614-451-2151**  
Date Daytime Phone #

CR2E037 (10/02)