

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P28413 (3)**  
1. Corporation Name  
**NATIONAL ASSOCIATION OF FAMILY AND FRIENDS, INC.**



Principal Place of Business: **ONE PARK PLAZA NASHVILLE TN 37203 US**  
Mailing Address: **PO BOX 570 ATTN: TAX DEPT NASHVILLE TN 37202 US**

3. Date Incorporated or Qualified: **03/05/1990**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **61-1177171**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)  
21: [ ]  
22: Suite, Apt. #, etc. [ ]  
23: City & State [ ]  
24: Zip [ ] Country [ ]  
25: [ ]  
26: [ ]  
27: Suite, Apt. #, etc. [ ]  
28: City & State [ ]  
29: Zip [ ] Country [ ]  
30: [ ]

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name [ ]  
82 Street Address (P.O. Box Number is Not Acceptable) [ ]  
83 [ ]  
84 City [ ]  
85 Zip Code **FL** [ ]

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, LINDY B.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	SCHWEINHART, RICHARD A.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENWOOD, ANITA R.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KROGER, JOAN O.	
STREET ADDRESS	201 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWEINHART, RICHARD A.	
STREET ADDRESS	201 W. MAIN ST.	
CITY-ST-ZIP	LOUISVILLE KY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V/T Colby, David C.
4.3 STREET ADDRESS	One Park Plaza
4.4 CITY-ST-ZIP	Nashville, TN 37203
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S Franck, John M.
5.3 STREET ADDRESS	One Park Plaza
5.4 CITY-ST-ZIP	Nashville, TN 37203
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Greenwood, Anita R.
6.3 STREET ADDRESS	500 W. Main St. 12th Floor
6.4 CITY-ST-ZIP	Louisville, KY 40202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen T. Braun **Stephen T. Braun** 3/29/96 615-327-9551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)