

FILE NOW: FILING FEE IS \$61.25


APPROVED
AND
FILED

98 MAY -1 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998



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: **P.O. BXO 750 ATTN: LEGAL DEPT. NASHVILLE TN 37202 US**

3. Date Incorporated or Qualified: **03/05/1990**
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and Zip Code.

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: RICHARDSON, LINDY B.	1.1 TITLE:	200002516182
STREET ADDRESS: ONE PARK PLAZA	CITY-ST-ZIP: NASHVILLE TN	1.2 NAME:	-05/07/98--01122--012
		1.3 STREET ADDRESS:	*****61.25 *****61.25
		1.4 CITY-ST-ZIP:	
TITLE: SVPD	NAME: SCHWEINHART, RICHARD A.	2.1 TITLE:	
STREET ADDRESS: ONE PARK PLAZA	CITY-ST-ZIP: NASHVILLE TN	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: VT	NAME: COLBY, DAVID C.	3.1 TITLE:	D
STREET ADDRESS: ONE PARK PLAZA	CITY-ST-ZIP: NASHVILLE TN	3.2 NAME:	BURNS, TERESA YINGLING
		3.3 STREET ADDRESS:	ONE PARK PLAZA
		3.4 CITY-ST-ZIP:	NASHVILLE, TN 37203
TITLE: D	NAME: GREENWOOD, ANITA R.	4.1 TITLE:	
STREET ADDRESS: ONE PARK PLAZA	CITY-ST-ZIP: NASHVILLE TN	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: S	NAME: FRANCK, JOHN M	5.1 TITLE:	D
STREET ADDRESS: ONE PARK PLAZA	CITY-ST-ZIP: NASHVILLE TN	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: D	NAME: GREENWOOD, ANITA R.	6.1 TITLE:	
STREET ADDRESS: 500 W MAIN STREET 12TH FLOOR	CITY-ST-ZIP: LOUISVILLE KY	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

Handwritten notes and signatures in the table, including "A. Allan" and "5/1/98".

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 address.

SIGNATURE: _____

CR2E037 (10/97)