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04-14-1999 90184 041 ****61.25

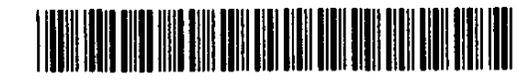
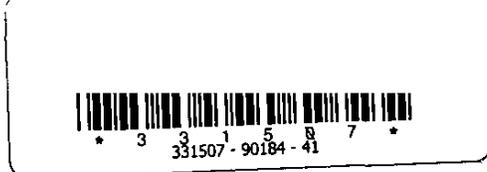
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763604

1. Corporation Name
NATIONAL CHURCH RESIDENCES OF JACKSONVILLE, FLORIDA, INC.

Principal Place of Business 3933 PRITMORE RD JACKSONVILLE FL 32257 US	Mailing Address 2335 N. BANK DR. COLUMBUS OH 43220 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/08/1982
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 31-1046830
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip
26 Country	30 Country	

9. Name and Address of Current Registered Agent BLEGEN, LARRY 699 HABEN ROAD PALMETTO FL 34221	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEMMER, THOMAS W.	1.2 NAME	
STREET ADDRESS	2335 N BANK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM GIBEAUT	2.2 NAME	
STREET ADDRESS	2335 NORTH BANK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELLE H. NORRIS	3.2 NAME	
STREET ADDRESS	2335 NORTH BANK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAINE, WILLIAM E JR	4.2 NAME	TRUSTEE
STREET ADDRESS	2335 N BANK DR	4.3 STREET ADDRESS	STEVEN KERBER
CITY-ST-ZIP	COLUMBUS, OH 00000	4.4 CITY-ST-ZIP	2335 NORTH BANK DRIVE
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JOHN	5.2 NAME	
STREET ADDRESS	2335 N BANK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 00000	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASBERG, JOSEPH R.	6.2 NAME	
STREET ADDRESS	2335 N BANK DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 00000	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 3-29-99 (614) 451-2151

CR2E037 (1/1/98)