

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 # 768879 (9)
1. Corporation Name
NATIONAL CHURCH RESIDENCES OF EASTERN, FLORIDA, INC.



Principal Place of Business
**3150 SPINKS RD
SEBRING FL 33870
US**

Mailing Address
**2335 N BANK DR
COLUMBUS OH 43220
US**

3. Date Incorporated or Qualified **06/10/1983** 3a. Date of Last Report **04/24/1995**

4. FEI Number **31-1070769** Applied For Not Applicable

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEZIE, LOU
3015 SPINKS ROAD
SEBRING FL 33870**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/> DELETE
NAME	SLEMMER, THOMAS W.	
STREET ADDRESS	2335 N BANK DRIVE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAINE, WILLIAM E., JR.	
STREET ADDRESS	2335 N BANK DR	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, JOHN L	
STREET ADDRESS	2335 N BANK DRIVE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ROBERT C.	
STREET ADDRESS	2335 N BANK DRIVE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KASBERG, JOSEPH R.	
STREET ADDRESS	2335 N BANK DRIVE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBEAUT, WILLIAM	
STREET ADDRESS	2335 NORTH BANK DRIVE	
CITY-ST-ZIP	COLUMBUS OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	MICHELLE H. LENCKE		
4.3 STREET ADDRESS	2335 NORTH BANK DRIVE		
4.4 CITY-ST-ZIP	COLUMBUS, OH 43220		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: _____ **3/19/96** **(614) 451-2151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)