


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**3150 SPINKS RD
SEBRING FL 33870
US**

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



3. Date Incorporated or Qualified

06/10/1983

4. FEI Number

31-1070769

Applied For

Not Applicable

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

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

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

LARRY BLEGEN

82 Street Address (P.O. Box Number is Not Acceptable)

699 HABEN RD.

83

84 City

PALMETTO

FL

85 Zip Code

34221

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

Larry Blegen

Signature, typed or printed name of registered agent and title if applicable

X

NOTE: Registered Agent signature required when reinstating

Larry Blegen

4-8-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> DELETE
NAME	NORRIS, MICHELLE H	
STREET ADDRESS	2335 N BANK DR	
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	

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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

John R. Kasberg 4-15-98 (614) 451-2151

CR2E037 (10/97)