FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768879

1. Corporation Name

NATIONAL CHURCH RESIDENCES OF EASTERN, FLORIDA, INC.

Principal Place of Business 3150 SPINKS RD SEBRING FL 33870 Mailing Address

2335 N BANK DR COLUMBUS OH 43220

US

FILED Apr 14, 1999 8:00 am Secretary of State

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2.	Principal Place of Business			2a. Mailing Address					3. Date Incorporated or Qualifed - 06/10/1983				
21			26	26									4
	Suite, Apt. #	#, etc.	\vdash	Suite, Apt. #, etc.				4. FEI Number 31-1070769			 	plied For	-
22		27										t Applicable	- =
23	City & State		28	City & State				5. Certifcate of Status Desired		\$8.75 A			
23	Zip	Country		Zip Country					6. Election Campaign Financing		\$5.00	Mav Be	1
24		25	29	29 30				Trust Fund Contribution Added to					
24		9. Name and Address of Current Registered Agent				10. Name and Address of New Registered				gistered A	gent]
						81	Name						
BLEGEN, LARRY								.	(D.O. Day Number in Not Assertable	io\			4
699 HABEN ROAD						82	Street A	Addres	ss (P.O. Box Number is Not Acceptable	ie)			
1						83							7
PALMETTO FL 34221													↲
						84	City			FL	85 Zip 0		
11	· Pursuant t	to the provisions of Sections 61	17.0502 and 6	617.1508, Florid	la Statutes, the	above	-named o	corpor	ation submits this statement for the pu	urpose of c	hanging its	registered	
	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE													
12			RS AND DIR		1:		· organization		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 12	7
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		SLEMMER, THOMAS W.		12	1.2 NAME							1	
	ARREAL DANK DOUG					1.3 STREET ADDRESS							
	COLUMBIA OU			i		1.4 CITY-ST-ZIP							
CIT	Y-ST-ZIP				0.1777.5					Change	XX Addition	,	
	_				2.2 NAME			USTEE EVEN KERBER					
	ME BLAINE, WILLIAM E., JR. REET ADDRESS 2335 N BANK DR			1					35 NORTH BANK DRIVE				i
	ACCUMUNICA COLO			1					LUMBUS. OH 43220		<u></u>	<u> </u>	ـ اــ
	Y ST ZP===	D		□ DE		TITLE	1-ZIP =				Change	Addition	<u>-</u>
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ì	JONES, JOHN L					3.2 NAME							}
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-						3.4. CITY-ST-ZIP 4.1 TITLE					Change	Addition	\exists
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—	Y-ST-ZIP			4.4 CITY-ST-ZIP					Change	Addition	\forall		
TIT		- -			5.1 TITLE 5.2 NAME					— ↑			
NAME KASBERG, JOSEPH R.				1		ADDOCCO							
\$T	STREET ADDRESS 2335 N BANK DRIVE			1		5.3 STREET ADDRESS							ĺ
-	CITY-ST-ZIP COLUMBUS OH					CITY-ST-ZIP					☐ Change	Addition	-
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NA	ME	GIBEAUT, WILLIAM	_			NAME							-
ŞТ	REET ADDRESS	2335 NORTH BANK DRIV	E				ADDRESS				_		1
CITY-ST-ZIP COLUMBUS OH				6.4 CI			Γ- 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 a patachment with an address, with all other like empowered.

SIGNATURE:

ATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

(614) 451 - 2151

Daytime F