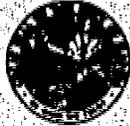


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 768880 (7)**

1. Corporation Name

**NATIONAL CHURCH RESIDENCES OF DAYTONA BEACH, FLORIDA, INC.**

**FILED**  
1995 JUL 13 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **2335 NORTH BANK DRIVE COLUMBUS OH 43220**  
Mailing Address: **2335 NORTH BANK DRIVE COLUMBUS OH 43220**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **06/10/1983**  
3a. Date of Last Report: **04/26/1994**  
4. FEI Number: **31-1070765**  
5. Certificate of Status Desired:  \$9.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE: **D**  
NAME: **BELLMAN, LARRY**  
STREET ADDRESS: **2335 NORTH BANK DRIVE**  
CITY-ST-ZIP: **COLUMBUS OH**

TITLE: **D**  
NAME: **JONES, JOHN L.**  
STREET ADDRESS: **2335 NORTH BANK DRIVE**  
CITY-ST-ZIP: **COLUMBUS OH**

TITLE: **D**  
NAME: **GIBEAUT, WILLIAM**  
STREET ADDRESS: **2335 NORTH BANK DRIVE**  
CITY-ST-ZIP: **COLUMBUS OH**

TITLE: **D**  
NAME: **BLAINE, WILLIAM E.**  
STREET ADDRESS: **2335 NORTH BANK DRIVE**  
CITY-ST-ZIP: **COLUMBUS OH**

TITLE: **D**  
NAME: **KERBER, STEVEN**  
STREET ADDRESS: **2335 NORTH BANK DRIVE**  
CITY-ST-ZIP: **COLUMBUS OH**

TITLE: **D**  
NAME: **PRICE, VIRGINIA**  
STREET ADDRESS: **2335 NORTH BANK DRIVE**  
CITY-ST-ZIP: **COLUMBUS OH**

1.1 TITLE: **P**  
1.2 NAME: **ROBERT C. MILLER**  
1.3 STREET ADDRESS: **2335 NORTH BANK DRIVE**  
1.4 CITY-ST-ZIP: **COLUMBUS, OH 43220**

2.1 TITLE: **VP/S/T**  
2.2 NAME: **JOSEPH R. KASBERG**  
2.3 STREET ADDRESS: **2335 NORTH BANK DRIVE**  
2.4 CITY-ST-ZIP: **COLUMBUS, OH 43220**

3.1 TITLE:   
3.2 NAME:   
3.3 STREET ADDRESS:   
3.4 CITY-ST-ZIP:   
4.1 TITLE:   
4.2 NAME:   
4.3 STREET ADDRESS:   
4.4 CITY-ST-ZIP:   
5.1 TITLE:   
5.2 NAME:   
5.3 STREET ADDRESS:   
5.4 CITY-ST-ZIP:   
6.1 TITLE:   
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Joseph R. Kasberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**4/5**  
Date  
**604 451 2151**  
Daytime Phone #