

**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 # 768880 (7)**  
1. Corporation Name  
**NATIONAL CHURCH RESIDENCES OF DAYTONA BEACH, FLO  
RIDA, INC.**



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

3. Date Incorporated or Qualified **06/10/1983** 3a. Date of Last Report **07/13/1995**  
4. FEI Number **31-1070765** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BELLMAN, LARRY</b>
STREET ADDRESS	<b>2335 NORTH BANK DRIVE</b>
CITY - ST - ZIP	<b>COLUMBUS OH</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JONES, JOHN L.</b>
STREET ADDRESS	<b>2335 NORTH BANK DRIVE</b>
CITY - ST - ZIP	<b>COLUMBUS OH</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GIBEAUT, WILLIAM</b>
STREET ADDRESS	<b>2335 NORTH BANK DRIVE</b>
CITY - ST - ZIP	<b>COLUMBUS OH</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BLAINE, WILLIAM E.</b>
STREET ADDRESS	<b>2335 NORTH BANK DRIVE</b>
CITY - ST - ZIP	<b>COLUMBUS OH</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KERBER, STEVEN</b>
STREET ADDRESS	<b>2335 NORTH BANK DRIVE</b>
CITY - ST - ZIP	<b>COLUMBUS OH</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PRICE, VIRGINIA</b>
STREET ADDRESS	<b>2335 NORTH BANK DRIVE</b>
CITY - ST - ZIP	<b>COLUMBUS OH</b>

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

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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>VP/S/T</b>
6.3 STREET ADDRESS	<b>JOSEPH R. KASBERG</b>
6.4 CITY - ST - ZIP	<b>2335 NORTH BANK DRIVE COLUMBUS, OH 43220</b>

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOSEPH R. KASBERG**

**3/19/96** (614) 451-2151  
Day Daytime Phone #

CR2E037 (12/95)