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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768880

1. Corporation Name

**NATIONAL CHURCH RESIDENCES OF DAYTONA BEACH, FLO
RIDA, INC.**

Principal Place of Business

Mailing Address

2335 NORTH BANK DRIVE
COLUMBUS OH 43220

2335 NORTH BANK DRIVE
COLUMBUS OH 43220



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/10/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		31-1070765	
24 Country		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BLEGEN, LARRY
699 HABEN RAOD
PALMETTO FL 34221

10. Name and Address of New Registered Agent

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

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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BELLMAN, LARRY	1.2 NAME	
STREET ADDRESS	2335 NORTH BANK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JOHN L.	2.2 NAME	
STREET ADDRESS	2335 NORTH BANK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GIBEAUT, WILLIAM	3.2 NAME	
STREET ADDRESS	2335 NORTH BANK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	BLAINE, WILLIAM E.	4.2 NAME	MICHELLE H NORRIS
STREET ADDRESS	2335 NORTH BANK DRIVE	4.3 STREET ADDRESS	2335 NORTH BANK DRIVE
CITY-ST-ZIP	COLUMBUS OH	4.4 CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KERBER, STEVEN	5.2 NAME	
STREET ADDRESS	2335 NORTH BANK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	5.4 CITY-ST-ZIP	
TITLE	VPST ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KASBERG, JOSEPH R.	6.2 NAME	
STREET ADDRESS	2335 NORTH BANK DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

Date

(614) 451-2151

Daytime Phone #

CR2E037 (11/98)