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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

SIGNATURE:

(6)

Mailing Address

NATIONAL CHURCH RESIDENCES OF DADE COUNTY, FL.,

%ROBERT P. RENFROW 6830 CENTRAL AVENUE, SUITE B ST. PETERSBURG FL 33707-1208		2335 NORTH BANK DRIVE 6830 CENTRAL AVENUE. SUITE B COLUMBUS OH 43220-5423 US			3. Date incorporated or Qualified 04/16/1984	3a. Date of Last f		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 31-1094835	4. FEI Number Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	ate of Status Desired			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip	Country	Zip	⊢ –	untry	8. This corporation has liability for in		s. 199.032,	
4	25	29	30			Yes No		
	9. Name and Address of Current	Hegisterea Agent		81 Name	10. Name and Address of New Reg	Jistereo Agent		
	_			O1 Name				
MEZIE, LOU				82 Street Ac	dress (P.O. Box Number is Not Acceptable	le)		
	PINKS ROAD			83	· · · · · · · · · · · · · · · · · · ·			
SEBRING	G FL 33870			83				
				84 City		FL 85 Zip	Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	les. the a	lbove-named co	orporation submits this statement for the pe	urpose of changing	its registered	
office or re agent. I ar	egistered agent, or both, in the State om familiar with, and accept the obligat	of Florida. Such change was a ions of, Section 617.0503, Florida ions of the control of the change was a control of the change with the control of the contr	authorize orida Sta	ed by the corpo tutes.	ration's board of directors. I hereby accep	t the appointment as	s registered	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable, (NOT	E Registere	ed Agent signature re	quired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	S T	DELETE	117	ITLE		☐ Change	Addition	
NAME	JOSEPH R. KASBERG		1.2 N	IAME .				
STREET ADDRESS	2335 NORTH BANK DRIVE		1.3 \$	TREET ADDRESS				
CITY-ST-ZIP	COLUMBUS OH		1.4 0	CITY-ST-ZIP	<u> </u>			
TITLE	D	DELETE	217	ITLE		☐ Change	☐ Addition	
NAME	BLAINE, WILLIAM E., JR.		2.2 N	IAME				
STREET ADDRESS	2390 ONANDAGO DRIVE		2.3 S	STREET ADDRESS				
CiTY-ST-ZIP	COLUMBUS OH		2.4(CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	D			ITLE		☐ Change	☐ Addition	
NAME	GIBEAUT, WILLIAM		3.2 N	HAME				
STREET ADDRESS	2335 NORTH BANK DR		3.3 S	STREET ADDRESS				
CITY-ST-ZIP	COLUBUS OH		3,4. (CITY-ST-ZIP		<u> </u>		
TITLE	D	DELETE	4.1 T	TILE	1	☐ Change	☐ Addition	
NAME	JONES, JOHN		4.21	NAME				
STREET ADDRESS	2335 N BANK DR.		4.3 9	STREET ADDRESS			•	
CITY-ST-ZIP	COLUMBUS OH		4.40	CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 T	ITLE	4	Change	☐ Addition	
NAME			5.2 N	NAME				
STREET ADDRESS			5.3 \$	STREET ADDRESS	•			
CITY-ST-ZIP	ļ <u>-</u>			CITY-ST-ZIP			7 1 3 ()	
TITLE		L] DELETE	6.1 T			Change	Addition	
NAME				NAME				
STREET ADDRESS			6.3 8	STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP	**************************************			
information	on indicated on this annual report or su	ipplementat annual report is t the receiver or trustee empoy	true and wered to	accurate and t	ated in Section 119.07(3)(i), Florida Statuter that my signature shall have the same lega port as required by Chapter 617, Florida S	il effect as if made u	inder oath; that	

WELL DOSEPH RI KABBERG

1/20/97

614-451-2151