

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 # N93000005506 (1)

1. Corporation Name

NATIONAL CHURCH RESIDENCES OF PALMETTO, FL, INC.

Principal Place of Business

Mailing Address

2335 N BANK DR
COLUMBUS OH 43220

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COLUMBUS OH 43220

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

31-1390353

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEZIE, LOU
3015 SPINKS RD
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 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 N BANK DR
CITY-ST-ZIP COLUMBUS OH 43220

1.1 TITLE V/S/T
1.2 NAME JOSEPH R. KASBERG
1.3 STREET ADDRESS 2335 NORTH BANK DRIVE
1.4 CITY-ST-ZIP COLUMBUS, OH

☐ Change ☒ Addition

TITLE D
NAME BLAINE, WILLIAM E JR
STREET ADDRESS 2335 N BANK DR
CITY-ST-ZIP COLUMBUS OH 43220

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GIBEAUT, WILLIAM
STREET ADDRESS 235 N BANK DR
CITY-ST-ZIP COLUMBUS OH 43220

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME JONES, JOHN L
STREET ADDRESS 2335 N BANKS DR
CITY-ST-ZIP COLUMBUS OH 43220

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME KERBER, STEVEN
STREET ADDRESS 2335 N BANKS DR
CITY-ST-ZIP COLUMBUS OH 43220

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
NAME MILLER, ROBERT C.
STREET ADDRESS 2335 NORTH BANK DRIVE
CITY-ST-ZIP COLUMBUS OH

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 118.07(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

Date

4/5

Daytime Phone #

604 451 2151