

CU169

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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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****2335 N BANK DR
COLUMBUS OH 43220**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEZE, LOU
3015 SPINKS RD
SEBRING FL 33870**

81 Name

LARRY BLEGEN

82 Street Address (P.O. Box Number is Not Acceptable)

699 HABEN RD.

83

84 City

PALMETTO**FL**85 Zip Code
34221

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

LARRY BLEGEN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	BELLMAN, LARRY	
STREET ADDRESS	2335 N BANK DR	
CITY-ST-ZIP	COLUMBUS OH 43220	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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

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

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

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

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

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

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

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

TITLE	P	☐ DELETE
NAME	NORRIS MICHELLE H	
STREET ADDRESS	2335 NORTH BANK DR	
CITY-ST-ZIP	COLUMBUS OH	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

[Signature]

4-8-98

(617-451-2157)

CR2E037 (10/97)