FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
[illegible] 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12674 (8)

1. Corporation Name

NATIONAL ASSOCIATION OF SENIOR FRIENDS, INC.

Principal Place of Business	Mailing Address
201 W MAIN ST P.O. BOX 740033 ATTN:TAX DEPT LOUISVILLE KY 40201-7433	500 W MAIN ST P.O. BOX 740035 ATTN. TAX DEPT. LOUISVILLE KY 40201-7435 US

2. Principal Place of Business: 21 ONE PARK PLAZA	2a. Mailing Address: 26 PO BOX 570
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27 ATTN: TAX DEPT.
City & State: 23 NASHVILLE TN	City & State: 28 NASHVILLE TN
Zip: 24 37203 County: 25	Zip: 29 37202 County: 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/24/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 61-1111325	☐ 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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	RICHARDSON, LINDY B	1.2 NAME	
STREET ADDRESS	201 W. MAIN ST.	1.3 STREET ADDRESS	ONE PARK PLAZA
CITY ST ZIP	LOUISVILLE KY	1.4 CITY ST ZIP	NASHVILLE TN 37203
TITLE	SVPD	2.1 TITLE	☒ Change ☐ Addition
NAME	BRAUN, STEPHEN T	2.2 NAME	
STREET ADDRESS	201 W. MAIN ST.	2.3 STREET ADDRESS	ONE PARK PLAZA
CITY ST ZIP	LOUISVILLE KY	2.4 CITY ST ZIP	NASHVILLE TN 37203
TITLE	SVP	3.1 TITLE	SVPT ☒ Change ☐ Addition
NAME	COLBY, DAVID C	3.2 NAME	
STREET ADDRESS	201 W. MAIN ST.	3.3 STREET ADDRESS	ONE PARK PLAZA
CITY ST ZIP	LOUISVILLE KY	3.4 CITY ST ZIP	NASHVILLE TN 37203
TITLE	SVPD	4.1 TITLE	☒ Change ☐ Addition
NAME	SCHWEINHART, RICHARD A	4.2 NAME	
STREET ADDRESS	201 W. MAIN ST.	4.3 STREET ADDRESS	ONE PARK PLAZA
CITY ST ZIP	LOUISVILLE KY	4.4 CITY ST ZIP	NASHVILLE TN 37203
TITLE	VAT	5.1 TITLE	☒ Change ☐ Addition
NAME	ANDERSON, DAVID G	5.2 NAME	
STREET ADDRESS	201 W. MAIN ST.	5.3 STREET ADDRESS	ONE PARK PLAZA
CITY ST ZIP	LOUISVILLE KY	5.4 CITY ST ZIP	NASHVILLE TN 37203
TITLE	V	6.1 TITLE	☒ Change ☐ Addition
NAME	HINTON, JAMES D	6.2 NAME	
STREET ADDRESS	201 W. MAIN ST.	6.3 STREET ADDRESS	ONE PARK PLAZA
CITY ST ZIP	LOUISVILLE KY	6.4 CITY ST ZIP	NASHVILLE TN 37203

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: B D Ewald Vice President — APR 20 95 — 615-320-2151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074290