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97 APR -2 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P12674 (8)

1. Corporation Name

NATIONAL ASSOCIATION OF SENIOR FRIENDS, INC.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203
US

Mailing Address

PO BOX 570
ATTN: TAX DEPT
NASHVILLE TN 37202-0570
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

PO BOX 750

ATT: League Dept.

Nashville TN

37202

USA

3. Date Incorporated or Qualified
12/24/1986

3a. Date of Last Report
05/01/1996

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

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 PD
NAME RICHARDSON, LINDY B
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

☐ DELETE

TITLE DV
NAME BRAUN, STEPHEN T
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

☐ DELETE

TITLE SVPT
NAME COLBY, DAVID C
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

☒ DELETE

TITLE SVPT
NAME SCHWEINHART, RICHARD A
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

☒ DELETE

TITLE S
NAME FRANCK II, JOHN M.
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

☐ DELETE

TITLE V
NAME JOHNSON, R. MILTON
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
700002132501-005
-04/03/97--01061--005
*****61.25 *****61.25

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SVPT
Dorahay, Kenneth C.
One Park Plaza
Nashville TN 37203
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
VP
Teresa Vingling Burns
One Park Plaza
Nashville TN 37203
☒ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
A. Alan
4/2/97
☐ Change ☐ Addition

14. I do 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075525

CR2E037 (9/96)