

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

APPROVED
AND
FILED

98 MAY -1 PH 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P12674** (8)
1. Corporation Name
NATIONAL ASSOCIATION OF SENIOR FRIENDS, INC.



Principal Place of Business

Mailing Address

**ONE PARK PLAZA
NASHVILLE TN 37203
US**

**P.O. BOX 750
ATTN: LEGAL DEPT.
NASHVILLE TN 37202
US**

3. Date Incorporated or Qualified

12/24/1986

4. FEI Number

61-111325

Applied For
Not Applicable

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

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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** ☒ DELETE
NAME **RICHARDSON, LINDY B**
STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE TN**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **Joustra, Jana**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **Smith, Katrina**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SVPT** ☒ DELETE
NAME **DONAHEY, KENNETH C**
STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE TN 37203**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **300002516183--4**
3.3 STREET ADDRESS **-05/07/98--01122--013**
3.4 CITY-ST-ZIP *******61.25 *****61.25**

TITLE **VP** ☐ DELETE
NAME **BURNS, TERESA VINOLIN** *Yingling*
STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE TN 37203**

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

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

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP *A. Alan*

TITLE **S** ☐ DELETE
NAME **JOHNSON, R. MILTON**
STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE TN**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP *5/1/98*

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]*

CR2E037 (1097)