

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 858454 (2)
1. Corporation Name
MENNONITE MUTUAL AID ASSOCIATION COMPANY



Principal Place of Business
1110 N. MAIN ST.
P.O. BOX 483
GOSHEN IN 46527
US

Mailing Address
1110 N. MAIN ST.
P.O. BOX 483
GOSHEN IN 46527
US

3. Date Incorporated or Qualified
11/15/1983

3a. Date of Last Report
02/28/1995

4. FEI Number
35-6059333

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
BRENNEMAN, HOWARD
720 FOXBRIAR
GOSHEN IN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
GARBODEN, STEVEN
701 REVERE DR.
GOSHEN IN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
SOMMERS, KARL
850 S. INDIANA AVE
GOSHEN IN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
MILLER, J B
1801 S 8 ST
GOSHEN IN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BRUBAKER, BERYL
965 BROADVIEW DR
HARRISONBURG VA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
REIMER, RICHARD
5760 FOX LAKE RD
SMITHVILLE OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 (2K) 533-9511

Date

Daytime Phone #

CR2E037 (12/95)