**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

FILED
Jan 20 1998 8:00am
Secretary of State

DOCUMENT # 858454 (2)

1. Corporation Name
MENNONITE MUTUAL AID ASSOCIATION COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 1110 N. MAIN ST.<br>P.O. BOX 483<br>GOSHEN IN 46527<br>US | 1110 N. MAIN ST.<br>P.O. BOX 483<br>GOSHEN IN 46527<br>US |

3. Date Incorporated or Qualified: 11/15/1983

4. FEI Number: 35-6059333 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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**

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRENNEMAN, HOWARD | | 1.2 NAME | | |
| STREET ADDRESS | 720 FOXBRIAR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GOSHEN IN | | 1.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | T, V | ☒ Change ☐ Addition |
| NAME | GARBODEN, STEVEN | | 2.2 NAME | | |
| STREET ADDRESS | 701 REVERE DR. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GOSHEN IN | | 2.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SOMMERS, KARL | | 3.2 NAME | | |
| STREET ADDRESS | 850 S. INDIANA AVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GOSHEN IN | | 3.4 CITY-ST-ZIP | | |
| TITLE | V | ☒ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | MILLER, J B | | 4.2 NAME | Harder, Bruce | |
| STREET ADDRESS | 1601 S 8 ST | | 4.3 STREET ADDRESS | 2555 NE 28th | |
| CITY-ST-ZIP | GOSHEN IN | | 4.4 CITY-ST-ZIP | Portland, OR 97212 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | BRUBAKER, BERYL | | 5.2 NAME | King, Orpha | |
| STREET ADDRESS | 965 BROADVIEW DR | | 5.3 STREET ADDRESS | Route 2, Box 159 | |
| CITY-ST-ZIP | HARRISONBURG VA | | 5.4 CITY-ST-ZIP | Belleville, PA 17004 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | REIMER, RICHARD | | 6.2 NAME | | |
| STREET ADDRESS | 5760 FOX LAKE RD | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SMITHVILLE OH | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

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:** Steven L Garboden 1-8-98 219-533-9511
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #