FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State
03-05-1999 90037 010 ****61.25

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DOCUMENT # 858454

1. Corporation Name
MENNONITE MUTUAL AID ASSOCIATION COMPANY

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
11/15/1983

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	TV	☐ DELETE	2.1 TITLE		☐ 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	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARDER, BRUCE		4.2 NAME		
STREET ADDRESS	2555 NE 28TH		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORTLAND OR 97212		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KING, ORPHA		5.2 NAME		
STREET ADDRESS	ROUTE 2, BOX 159		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVILLE PA 17004		5.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: Steven L. Garboden REQUIRED Steven L. Garboden, Treasurer 2-18-99 219-533-9511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #