

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P04863 (7)**  
 1. Corporation Name  
**GLEANER LIFE INSURANCE SOCIETY (INCORPORATED)**



Principal Place of Business 5200 WEST U.S. 223 ADRIAN MI 49221	Mailing Address 5200 WEST U.S. 223 ADRIAN MI 49221
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3. Date Incorporated or Qualified <b>02/01/1985</b>	
4. FEI Number <b>38-0580730</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

THE FLORIDA INSURANCE COMMISSIONER  
 THE CAPITOL BUILDING  
 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 <b>FL</b> 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**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DICK, FRANK	
STREET ADDRESS	5200 WEST U.S. 223	
CITY-ST-ZIP	ADRIAN MI	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	WADE, MICHAEL J.	
STREET ADDRESS	5200 WEST U.S. 223	
CITY-ST-ZIP	ADRIAN MI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, VERNON	
STREET ADDRESS	5200 WEST U.S. 223	
CITY-ST-ZIP	ADRIAN MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, RICHARD	
STREET ADDRESS	7-740 P-3, RT. 5	
CITY-ST-ZIP	NAPOLEON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATZHORN, RAYMOND	
STREET ADDRESS	1642 FOXMERE WAY	
CITY-ST-ZIP	GREENWOOD IN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUCK, RUSSELL L.	
STREET ADDRESS	9685 BUCK ROAD	
CITY-ST-ZIP	FREELAND MI	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ST
3.3 STREET ADDRESS	Patterson, Jeffrey S.
3.4 CITY-ST-ZIP	5200 West U.S. 223 Adrian, MI 49221
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Sutton, David E.
6.4 CITY-ST-ZIP	12304 W. 165th Lowell, IN 46356

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:** *Michael J. Wade* **FEE REQUIRED** 1/20/98 (517)263-2244

CFR2E037 (10/97)