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NONPROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P04863

(7)

GLEANER LIFE INSURANCE SOCIETY (INCORPORATED)

Principal Place of Business Mailing Address						, , , , , , , , , , , , , , , , , , , ,		
		5200 WEST U.S. 223				3. Date Incorporated or Qualified		
ADRIAN MI 49221		ADRIAN MI 49221				02/01/1985		
•						4. FEI Number	Ap	plied For
						38-0580730	No	t Applicable
2. Principal Pl	ace of Business	2a. Mailing Address				5. Certificate of Status Desired	\$8.75	Additional
21		26				3. Certificate of Status Desired	Fee Re	quired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	
22		27				Trust Fund Contribution	Added to	
City & State	•	Cîty & State				7. Is this nonprofit corporation a homeowner		1?
23	0	28	1 6	ountry			X No	
Zip	Country	Zip		Ouriny		This corporation owes or has paid the cur Personal Property Tax due June 30.		angible No
24	9. Name and Address of Curre	29 Agent	30			10. Name and Address of New Registered		3 140
	3. Name and Address of Ourte	in neglatored regent		81	Name	10. 1101110 2112 11011000 0. 11011113		
THE ELE	ORIDA INSURANCE COMMISSIO	ANED						
	PITOL BUILDING	WELL		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	ASSEE FL 32301			83				
IALLADA	400EE FL 32301							
				84	City	FL	. '	Code
11. Pursuant t	to the provisions of Sections 617.05	02 and 617.1508, Florida Stati	utes, the	above	-named co	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing it	s registered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 617.0503, F	s authoriz Florida St	zed by tatutes	the corpor	ation's board of directors. Thereby accept the app	ontinent as	registered
SIGNATURE _								
Signature, typed or printed name of registered agent and title it applicable. (NOTE; R					nt signature req	uired when reinstating) DATE	PIDEOTOR	0.0140
12.		ND DIRECTORS	13	S. STITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	PD DICK, FRANK	L_r occerc		NAME			Onlange	
NAME	5200 WEST U.S. 223		1	2 NAME 3 STREET :	ADDRESS			
STREET ADDRESS	ADRIAN MI				į			
CITY-ST-ZIP	VST			4 CITY-ST				1 1 2 2 1111
TITLE	WADE, MICHAEL J.			1 TET F	1 1	f	XI Change	I LAddition
NAME		₩ DEFESE		1 TITLE	\	J	X Change	Addition
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	M DETERE	2.2	2 NAME		/	X Change	Addition
i l	5200 WEST U.S. 223		2.2 2.3	2 NAME 3 STREET :	ADDRESS	/	X Change	☐ Addition
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TITLE NAME	5200 WEST U.S. 223 ADRIAN MI V HOWARD, VERNON	-	2.2 2.3 2.4 3.1 3.2	2 NAME 3 STREET . 4 CITY-S 1 TITLE 2 NAME	ADDRESS IT-ZIP S	T Patterson, Jeffrey S.	•	
TITLE NAME STREET ADDRESS	5200 WEST U.S. 223 ADRIAN MI V HOWARD, VERNON 5200 WEST U.S. 223	-	2.2 2.3 2.4 3.1 3.2 3.3	2 NAME 3 STREET . 4 CITY-S 1 TITLE 2 NAME 3 STREET .	ADDRESS IT-ZIP S ADDRESS	T Patterson, Jeffrey S. 5200 West U.S. 223	•	
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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, ex on an attachment with an address.

SIGNATURE:

FREELAND MI

E REQUIRED

1/20/98

Lowell, IN 46356

(517)263-2244

FILED

Feb 04 1998 8:00am

Secretary of State