
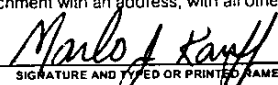


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90357 002 ****61.25

DOCUMENT # 858454					
1. Entity Name MENNONITE MUTUAL AID ASSOCIATION COMPANY					
Principal Place of Business 1110 N. MAIN ST. GOSHEN, IN 46528 US			Mailing Address 1110 N. MAIN ST. P.O. BOX 483 GOSHEN, IN 46527 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-6059333	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name Street Address (P.O. Box Number is Not Acceptable) City		
			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRENNEMAN, HOWARD		NAME		
STREET ADDRESS	720 FOXBRIAR		STREET ADDRESS		
CITY-ST-ZIP	GOSHEN, IN 46526		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARBODEN, STEVEN		NAME	P	
STREET ADDRESS	701 REVERE DR.		STREET ADDRESS		
CITY-ST-ZIP	GOSHEN, IN 46526		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOMMERS, KARL		NAME		
STREET ADDRESS	850 WALDEN LN		STREET ADDRESS		
CITY-ST-ZIP	GOSHEN, IN 46526		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FABER, DAVID		NAME		
STREET ADDRESS	110 SOUTH WILSON		STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO, KS 67063		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURKEY, JOHN		NAME	Quiring, Paul	
STREET ADDRESS	2577 "O" STREET		STREET ADDRESS	5118 East Clinton Way, Suite 201	
CITY-ST-ZIP	MILFORD, NE 68405		CITY-ST-ZIP	Fresno, CA 93727	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUERKSEN, CAROL L		NAME		
STREET ADDRESS	325 140TH ROAD		STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO, KS 67063		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Marlo J Kauffman, Asst Secretary 3-29-06 574-533-9511			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Attachment
40342637
8584154

Officers and Directors
January 1, 2006

OFFICERS, Name, Position, Address

Steve Garboden, Interim President	701 Revere Drive, Goshen, IN 46526
_____, Vice President	
Karl C. Sommers, Secretary	850 Walden Lane, Goshen, IN 46526
John L. Liechty, Treasurer	1403 Ashton Court, Goshen, IN 46526
Sidney A. Richard, Assist. Vice Pres.	63199 CR 111, Goshen, IN 46526
Marlo J. Kauffman, Assist. Secretary	18396 Northrop Drive, Goshen, IN 46526
Philip R. Zimmerman, Assist. Secretary	613 South 7th Street, Goshen, IN 46526
Melvin L. Claassen, Assist. Treasurer	60412 CR 19, Goshen, IN 46528
Delmar King, Assist. Treasurer	2209 Cambridge Drive, Goshen, IN 46528

DIRECTORS, Name, Address, Expiration of Term

Carol L. Duerksen	325 140th Road, Hillsboro, KS 67063	2009
Andrew Eversole	62441 CR 29, Goshen, IN 46528	2007
David Faber	110 South Wilson, Hillsboro, KS 67063	2007
Natalie Francisco	4505 McRae Close, Chesapeake, VA 23321	2007
Richard Friesen	1100 North Grandview Ave, Newton, KS 67114	2007
Paul Quiring	5118 East Clinton Way, Suite 201, Fresno, CA 93727	2009
Carol J. Suter	7233 North Bellefontaine, Kansas City, MO 64119	2007
Pat Swartzendruber	1919 Park Road, Harrisonburg, VA 22802	2008
J. David von Gunten	4647 Old Mill Road, Fort Wayne, IN 46807-2923	2007
Arlan R. Yoder	112 Park Road, Hesston, KS 67062	2009
Gene E. Yoder	231 Rainbow Drive, #13110, Livingston, TX 77399	2009
LaVern Yutzy	219 Audrey Drive, Lititz, PA 17543	2009