

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004279

FILED
Jan 05, 2005
Secretary of State

Entity Name: MENNO INSURANCE SERVICE, INC.

Current Principal Place of Business:

1110 NORTH MAIN STREET
GOSHEN, IN 46528

New Principal Place of Business:

Current Mailing Address:

PO BOX 483
GOSHEN, IN 46527

New Mailing Address:

FEI Number: 35-6038806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
REGISTERED AGENTS LEGAL SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32302 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRENNEMAN, HOWARD L
Address: 720 FOXBRIAR
City-St-Zip: GOSHEN, IN 46526

Title: V () Delete
Name: GARBODEN, STEVE
Address: 701 REVERE DRIVE
City-St-Zip: GOSHEN, IN 46526

Title: S () Delete
Name: SOMMERS, KARL C
Address: 850 WALDEN LANE
City-St-Zip: GOSHEN, IN 46526

Title: T () Delete
Name: LIECHTY, JOHN L
Address: 1403 ASHTON COURT
City-St-Zip: GOSHEN, IN 46526

Title: C (X) Delete
Name: HARDER, BRUCE
Address: 2555 NE 28TH
City-St-Zip: PORTLAND, OR 97212

Title: VC () Delete
Name: SUTER, CAROL
Address: 7233 NORTH BELLEFONTAINE
City-St-Zip: KANSAS CITY, MO 64119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: SUTER, CAROL
Address: 7233 NORTH BELLEFONTAINE
City-St-Zip: KANSAS CITY, MO 64119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP R. ZIMMERMAN

AS

01/05/2005

Electronic Signature of Signing Officer or Director

Date