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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003155 (8)**

1. Corporation Name

ASSOCIATION OF ANABAPTIST RISK MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2160 LINCOLN HWY., EAST BOX 6 LANCASTER PA 17602-1150	2160 LINCOLN HWY., EAST BOX 6 LANCASTER PA 17602-1150

3. Date Incorporated or Qualified: 06/16/1994
3a. Date of Last Report: 02/21/1996

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)

4. FEI Number: 23-2717962 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARNOLD, MARK
2033 WOOD ST.
SUITE 200
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: MARILYN A. McCREADY
82 Street Address (P.O. Box Number is Not Acceptable): 2613 SE 19th CT
83:
84 City: Homestead FL 85 Zip Code: 33035

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: Marilyn McCready — Signature, typed or printed name of registered agent and title if applicable. Marilyn A. McCready (NOTE: Registered Agent signature required when reinstating) — 4-21-97 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STYAN, BRENT M		1.2 NAME	
STREET ADDRESS	27 KNOLLWOOD DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON PA		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STOESZ, EDGAR		2.2 NAME	
STREET ADDRESS	929 BROAD ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON PA 17501		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LANGEMAN, KEN		3.2 NAME	
STREET ADDRESS	21 S. 12TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON PA 17501		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBERGER, HENRY		4.2 NAME	
STREET ADDRESS	RT. 113, BOX 86		4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMING GLEN PA 18911		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WITTER, PAUL E		5.2 NAME	
STREET ADDRESS	214 RT. 152		5.3 STREET ADDRESS	
CITY-ST-ZIP	PERKASIE PA 18944		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.

4/24/97

SIGNATURE: SIGNATURE REQUIRED — BRENT M. STYAN PRES — 717-293-7840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0075620