FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90003 039 ****61.25

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DOCUMENT # F94000003155

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

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

3. Date Incorporated or Qualifed
06/16/1994

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

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

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

9. Name and Address of Current Registered Agent

MCGREADY, MARILYN A
2613 S.E. 19TH CT.
SUITE 200
HOMESTEAD FL 33035

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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			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	13 N STATE ST #209		1.3 STREET ADDRESS	
CITY-ST-ZIP	EPHRATA PA 17522		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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED BRENT M. STYAN 4/12/99 717-293-7840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #