

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003155

FILED
Jan 09, 2006
Secretary of State

Entity Name: ASSOCIATION OF ANABAPTIST RISK MANAGEMENT, INC.

Current Principal Place of Business:

2160 LINCOLN HWY., EAST
BOX 6
LANCASTER, PA 176021150

New Principal Place of Business:

Current Mailing Address:

2160 LINCOLN HWY., EAST
BOX 6
LANCASTER, PA 176021150

New Mailing Address:

FEI Number: 23-2717962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGREADY, MARILYN A
30695 SW 162 AVE
HOMESTEAD, FL 33033 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEAMAN, PHILIP B
Address: 109 SKYLINE DRIVE
City-St-Zip: NEW HOLLAND, PA 17557

Title: S () Delete
Name: STOESZ, EDGAR
Address: 929 BROAD ST.
City-St-Zip: AKRON, PA 17501

Title: D () Delete
Name: ROSENBERGER, HENRY
Address: RT. 113, BOX 86
City-St-Zip: BLOOMING GLEN, PA 18911

Title: T () Delete
Name: MILLER, LARRY
Address: 2160 LINCOLN HIGHWAY EAST, PO 10455
City-St-Zip: LANCASTER, PA 17605

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP B. LEAMAN

P

01/09/2006

Electronic Signature of Signing Officer or Director

Date