

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90051 029 ****61.25

DOCUMENT # F98000006872

1. Corporation Name

MENNONITE BOARD OF EDUCATION, INC.

Principal Place of Business

1700 S. MAIN ST.
GOSHEN IN 46526

Mailing Address

1700 S. MAIN ST.
GOSHEN IN 46526



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/17/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

35-0868094

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, JAMES P
3737 BAHIA VISTA ST., STE 3
SARASOTA FL 34232

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
CD
BERGEY, EVON L
STREET ADDRESS
1021 ORCHARD RD
CITY-ST-ZIP
SELLERSVILLE PA

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VD
CRUZ, JESUS M
STREET ADDRESS
441 SURREY DR
CITY-ST-ZIP
LANCASTER PA

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
LEHMAN, RALPH E
STREET ADDRESS
3974 S. KANSAS RD
CITY-ST-ZIP
APPLE CREEK OH

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
T
RICH, PHILLIP J
STREET ADDRESS
1201 LINDAU ST
CITY-ST-ZIP
ARCHBOLD OH

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
S
WENGER, KATHY W
STREET ADDRESS
217 NOTTINGHAM LN
CITY-ST-ZIP
WAYNESBORO VA

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
SHELLENBERGER, EVELYN L
STREET ADDRESS
2845 N C R 100 W
CITY-ST-ZIP
PAOLI IN

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)