

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P04863 (7)**  
1. Corporation Name  
**GLEANER LIFE INSURANCE SOCIETY (INCORPORATED)**



Principal Place of Business  
**5200 WEST U.S. 223  
ADRIAN MI 49221**

Mailing Address  
**5200 WEST U.S. 223  
ADRIAN MI 49221**

3. Date Incorporated or Qualified  
**02/01/1985**

3a. Date of Last Report  
**01/20/1995**

4. FEI Number  
**38-0580730**

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

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**

## 9. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301**

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DICK, FRANK	
STREET ADDRESS	5200 WEST U.S. 223	
CITY-ST-ZIP	ADRIAN MI	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	WADE, MICHAEL J.	
STREET ADDRESS	5200 WEST U.S. 223	
CITY-ST-ZIP	ADRIAN MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOWARD, VERNON	
STREET ADDRESS	5200 WEST U.S. 223	
CITY-ST-ZIP	ADRIAN MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, RICHARD	
STREET ADDRESS	7-740 P-3, RT. 5	
CITY-ST-ZIP	NAPOLEON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATZHORN, RAYMOND	
STREET ADDRESS	963 SANTA MARIA DR.	
CITY-ST-ZIP	GREENWOOD IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCK, RUSSELL L.	
STREET ADDRESS	9685 BUCK ROAD	
CITY-ST-ZIP	FREELAND MI	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Atzhorn, Raymond
5.3 STREET ADDRESS	1642 Foxmere Way
5.4 CITY-ST-ZIP	Greenwood, IN 46142
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

(517) 263-2244

Date

Daytime Phone #

CR2E037 (12/95)