NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P04863

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

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90019 039 ****61.25



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2. Principal Pl	ace of Business	2a.	Mailing Address				3.	. Date Incorporated or	Qualifed			
1		26						02/01/1985				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4	. FEI Number		•	<u> </u>	lied For
2	,	27						38-0580730				Applicable
City & State	9		City & State				5	. Certifcate of Status I	Desired	Π.	\$8.75 A	
23						. Certificate of Citates t			Fee Rec	<u>' </u>		
Zip	Country Zip				ıntry	у		. Election Campaign F	inancing		\$5.00	
4	25		[:	30				Trust Fund Contribut	ion		Added to	Fees
<u>~1</u>	9. Name and Address of Current	29 Regis	stered Agent		Γ		10	. Name and Address	of New F	Registered /	Agent	
					81	Name						
THE CL OF	DIDA INICUIDANCE COMMISSIONEI				82	Street Ac	droce (P.O. Box Number is N	ot Accenta	able)		
THE FLORIDA INSURANCE COMMISSIONER					OZ	Street At	idiess (F.O. BOX NUMBER IS IN	и посери	uo.c,		
	TOL BUILDING				83	4						
TALLAHA	SSEE FL 32301				Ľ			<u></u>				
					84	City				FI	85 Zip C	ode
518	<u> </u>				لـــلـ			an aubmité this atatam	ent for the	nurnose of	changing its	registered
	to the provisions of Sections 617.0502 egistered agent, or both, in the State of						ation's b	ooard of directors. I he	reby acce	pt the appoir	ntment as reg	istered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of	f, Section 617.0503, Flori	ida Sta	tutes			Tall Hart 1	نم ١٦ ۽ ڏڻيون	पुत्र कि कि है। इस्टर्म	". Just Miggi &.	우가 동기는 기 경설.
ū												
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE:			it signature req	ilred wher	reinstating)	-D	DATE	D DIDECTO	DS IN 12
12.	OFFICERS AND	DIR		13.				ADDITIONS/CHANGE	STOOF	FICERS AN	Change	Addition
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NAME	DICK, FRANK			1.21	IAME							
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-	ADRIAN MI			1,4 0	TY-S	T-21P					, st	
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	WADE, MICHAEL J.			221	AME	1						
NAME	5200 WEST U.S. 223			220	TDEE	TADDRESS						
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NAME,	PATTERSON, JEFFREY S				NAME							
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CITY-ST-ZIP	ADRIAN MI 49221			_	CITY-S	ST-ZIP					☐ Change	☐ Additio
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NAME	BENNETT, RICHARD			4. 2	NAME					the Mary		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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NAME	SUTTON, DAVID E					T +000					f _{ti}	,
STREET ADDRESS	12304 W 165TH			6.3	STREE	T ADDRESS					••	

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, so on an attachment with an address, with all other like empowered.

RE REMUNICIPALDJ. Wade, COO 1/14/99

263-2244