

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003155 (8)

1. Corporation Name

ASSOCIATION OF ANABAPTIST RISK MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2180 LINCOLN HWY., EAST
BOX 6
LANCASTER PA 17602-1150

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BOX 6
LANCASTER PA 17602-1150

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

06/16/1994

4. FBI Number

Applied For

23-2717962

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNOLD, MARK
1800 SECOND ST.
SUITE 104
SARASOTA FL 34238

81 Name

ARNOLD, MARK

82 Street Address (P.O. Box Number is Not Acceptable)

2033 WOOD ST, #

83

SUITE 200

84 City

SARASOTA

FL

85 Zip Code

34238

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 P
NAME STYAN, BRENT M
STREET ADDRESS 1 ECHO VALLEY RD.
CITY-ST-ZIP EPHRATA PA 17522

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 27 KNOLLWOOD DR.
1.4 CITY-ST-ZIP AKRON PA 17501

TITLE S
NAME STOESZ, EDGAR
STREET ADDRESS 929 BROAD ST.
CITY-ST-ZIP AKRON PA 17501

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME LANGEMAN, KEN
STREET ADDRESS 21 S. 12TH ST.
CITY-ST-ZIP AKRON PA 17501

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ROSENBERGER, HENRY
STREET ADDRESS RT. 113, BOX 86
CITY-ST-ZIP BLOOMING GLEN PA 18911

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WITTER, PAUL E
STREET ADDRESS 214 RT. 152
CITY-ST-ZIP PERKASIE PA 18944

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME MILLER, ROBERT W
STREET ADDRESS RT. 73, P.O. BOX 498
CITY-ST-ZIP FREDERICK PA 18435

6.1 TITLE Change 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 110.07(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: Brent M. Styan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 717-223-7840
DATE DELAYS FEE \$