


FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000003155 (8)**  
1. Corporation Name  
**ASSOCIATION OF ANABAPTIST RISK MANAGEMENT, INC.**



Principal Place of Business <b>2180 LINCOLN HWY., EAST BOX 6 LANCASTER PA 17602-1150</b>	Mailing Address <b>2180 LINCOLN HWY., EAST BOX 6 LANCASTER PA 17602-1150</b>
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3. Date Incorporated or Qualified <b>06/16/1994</b>	3a. Date of Last Report <b>02/21/1998</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>23-2717962</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ARNOLD, MARK  
2033 WOOD ST.  
SUITE 200  
SARASOTA FL 34238**

10. Name and Address of New Registered Agent  
81 Name **MARILYN A. MCCREADY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2613 SE 19th CT**  
83  
84 City **Homestead** FL 85 Zip Code **33035**

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 *Marilyn A. McCready* **MARILYN A. MCCREADY** **4-21-97**  
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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>STYAN, BRENT M</b>
STREET ADDRESS	<b>27 KNOLLWOOD DR</b>
CITY-ST-ZIP	<b>AKRON PA</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>STOESZ, EDGAR</b>
STREET ADDRESS	<b>929 BROAD ST.</b>
CITY-ST-ZIP	<b>AKRON PA 17501</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>LANGEMAN, KEN</b>
STREET ADDRESS	<b>21 S. 12TH ST.</b>
CITY-ST-ZIP	<b>AKRON PA 17501</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROSENBERGER, HENRY</b>
STREET ADDRESS	<b>RT. 113, BOX 86</b>
CITY-ST-ZIP	<b>BLOOMING GLEN PA 18911</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WITTER, PAUL E</b>
STREET ADDRESS	<b>214 RT. 152</b>
CITY-ST-ZIP	<b>PERKASIE PA 18944</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *Brent M. Styan* **BRENT M. STYAN PRES 292-7840**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/24/97** Daytime Phone # **717-** 0075820

CR2E037 (9/96)