


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Bandra 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>2160 LINCOLN HWY.. EAST BOX 6 LANCASTER PA 17602-1150</b>	Mailing Address <b>2160 LINCOLN HWY.. EAST BOX 6 LANCASTER PA 17602-1150</b>
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3. Date Incorporated or Qualified  
**06/16/1994**

4. FEI Number  
**23-2717962**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**MCGREADY, MARILYN A  
 2613 S.E. 19TH CT.  
 SUITE 200  
 HOMESTEAD FL 33035**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>13 N. STATE ST. #209</b>
1.4 CITY-ST-ZIP	<b>EPHRATA PA 17522</b>
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 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* **M. STYAN 3-9-98 717-293-7840**

CR2E037 (10/97)