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Apr 22, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000003155

1. Corporation Name  
ASSOCIATION OF ANABAPTIST RISK MANAGEMENT, INC.

382064 - 90003 - 39



Principal Place of Business  
2160 LINCOLN HWY., EAST  
BOX 6  
LANCASTER PA 17602-1150

Mailing Address  
2160 LINCOLN HWY., EAST  
BOX 6  
LANCASTER PA 17602-1150

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/16/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-2717962	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGREADY, MARILYN A 2613 S.E. 19TH CT. SUITE 200 HOMESTEAD FL 33035				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STYAN, BRENT M	1.2 NAME	
STREET ADDRESS	13 N STATE ST #209	1.3 STREET ADDRESS	
CITY-ST-ZIP	EPHRATA PA 17522	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOESZ, EDGAR	2.2 NAME	
STREET ADDRESS	929 BROAD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON PA 17501	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGEMAN, KEN	3.2 NAME	
STREET ADDRESS	21 S. 12TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON PA 17501	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERGER, HENRY	4.2 NAME	
STREET ADDRESS	RT. 113, BOX 86	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMING GLEN PA 18911	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTER, PAUL E	5.2 NAME	
STREET ADDRESS	214 RT. 152	5.3 STREET ADDRESS	
CITY-ST-ZIP	PERKASIE PA 18944	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: *Brent M. Styan* **SIGNATURE REQUIRED** M. STYAN 4/12/99 717-293-7840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0062688  
CR2E037 (11/98)