

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90048 045 *****61.25

DOCUMENT # F94000003155

1. Entity Name

ASSOCIATION OF ANABAPTIST RISK MANAGEMENT, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2717962

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STYAN, BRENT M	
STREET ADDRESS	13 N STATE ST #209	
CITY-ST-ZIP	EPHRATA PA 17522	
TITLE	S	<input type="checkbox"/> Delete
NAME	STOESZ, EDGAR	
STREET ADDRESS	929 BROAD ST.	
CITY-ST-ZIP	AKRON PA 17501	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LANGEMAN, KEN	
STREET ADDRESS	21 S. 12TH ST.	
CITY-ST-ZIP	AKRON PA 17501	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBERGER, HENRY	
STREET ADDRESS	RT. 113, BOX 86	
CITY-ST-ZIP	BLOOMING GLEN PA 18911	
TITLE	D	<input type="checkbox"/> Delete
NAME	WITTER, PAUL E	
STREET ADDRESS	214 RT. 152	
CITY-ST-ZIP	PERKASIE PA 18944	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip B. Leaman	
STREET ADDRESS	37 Kreider Ave.	
CITY-ST-ZIP	Lancaster, PA 17601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T (Treasurer)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip B. Leaman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Philip B. Leaman, President**

Date: **4/18/01**

Daytime Phone #: **717-293-7840**

CR2E037 (10/00)