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FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **844507** (4)

1. Corporation Name

**MENNONITE BOARD OF MISSIONS INCORPORATED**

Principal Place of Business

**500 S. MAIN ST.  
P.O. BOX 370  
ELKHART IN 46515-0370**

Mailing Address

**500 S. MAIN ST.  
P.O. BOX 370  
ELKHART IN 46515-0370**

3. Date Incorporated or Qualified  
**11/01/1979**

3a. Date of Last Report  
**04/30/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25** **26** **27** **28** **29** **30**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

4. FEI Number  
**35-0893507**

Applied For  
☐ 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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MARTIN, RAYMOND  
5245 MENNO SIMONS PARKWAY  
SARASOTA FL 34232**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**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

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 **P** ☐ DELETE  
NAME **GREEN, STANLEY W**  
STREET ADDRESS **203 MT. VERNON**  
CITY - ST - ZIP **GOSHEN IN**

TITLE **S** ☐ DELETE  
NAME **EICHORN, BARBARA J.**  
STREET ADDRESS **202 S. 23RD**  
CITY - ST - ZIP **GOSHEN, IN 0**

TITLE **D** ☐ DELETE  
NAME **BONTRAGER, HERMAN**  
STREET ADDRESS **908 OAK ST**  
CITY - ST - ZIP **AKRON PA 17501**

TITLE **VP** ☐ DELETE  
NAME **YODER, RONALD E**  
STREET ADDRESS **1504 S 8TH ST**  
CITY - ST - ZIP **GOSHEN IN**

TITLE **T** ☐ DELETE  
NAME **BURKHOLDER, EDWARD L.**  
STREET ADDRESS **58333 IRONWOOD**  
CITY - ST - ZIP **ELKHART, IN 00000**

TITLE **D** ☒ DELETE  
NAME **SCHERTZ, RONALD B.**  
STREET ADDRESS **3812 N. LYNWOOD PL.**  
CITY - ST - ZIP **PEORIA IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**D**  
**Chandler, Michael A**  
**3506 Mackland Ave**  
**Albuquerque NM 87106**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

219 294-7523

Date

Daytime Phone # 0075832

CR2E037 (9/96)

**Mennonite Board of Missions  
BOARD OF DIRECTORS  
April 1997**

**Herman Bontrager, 908 Oak St, Akron PA 17501-1477**

**Ferne Burkhardt, Rt 2, Petersburg ON N0B 2H0**

**Michael A. Chandler, 3506 Mackland Ave, Albuquerque NM 87106**

**Tesfatsion Dalellew, 5214 S 297<sup>th</sup> Place, Auburn WA 98001**

**John W. Eby, 14 S Seasons Dr, Dillsburg PA 17019**

**Virgo Handojo, 451 Ford Pl #1, Pasadena CA 91101**

**Larry Hauder, 2028 N 16<sup>th</sup> St, Boise ID 83702**

**Nancy Heisey, 1389 Route 100, Barto PA 19504**

**N. Leroy Kauffman, 141 Oak Park Dr, Clyde NC 28721**

**Kay Nussbaum, 9850 Heron Ave N, White Bear Lake MN 55110**

**Sally Schreiner, 6728 N Bosworth #3N, Chicago IL 60626**