


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90023 024 \*\*\*\*61.25

<b>DOCUMENT # F03000002282</b>					
1. Entity Name THE FREE METHODIST FOUNDATION, INC.					
Principal Place of Business 8050 SPRING ARBOR ROAD SPRING ARBOR, MI 49283			Mailing Address P.O. BOX 580 SPRING ARBOR, MI 49283		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEDFORD, ROBERT 6101 N ARMENIA AVENUE TAMPA, FL 33604				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICK, STEVEN D		NAME	Keene, Gene E.	
STREET ADDRESS	330 WOOD HILLS DRIVE		STREET ADDRESS	3401 S. Dearing Rd., Unit #7	
CITY-ST-ZIP	CONCORD, MI 49237		CITY-ST-ZIP	Spring Arbor, MI 49283	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDFORD, ROBERT N		NAME	White, Glenn E.	
STREET ADDRESS	11680 OAK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D, Vice_C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, STANLEY B		NAME	Goodnight, David R.	
STREET ADDRESS	227 WICKENHAM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING ARBOR, MI 49283		CITY-ST-ZIP		
TITLE	TV	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZ, DANIEL A		NAME	Leenhouts, Norman P.	
STREET ADDRESS	3551 TIMBERLAND DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MI 49203		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZELL, NANCY J		NAME		
STREET ADDRESS	1145 N 1100 ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAWRENCE, KS 66047		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANTON, LLOYD G		NAME		
STREET ADDRESS	7373 CARTER ROAD		STREET ADDRESS		
CITY-ST-ZIP	SPRING ARBOR, MI 49283		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: <u>Steven D. Rick</u> , Steven D. Rick			3-1-04		(517) 750-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

Attachment

Attachment to  
2004 Not-For-Profit Corporation Annual Report  
Document # F03000002282  
The Free Methodist Foundation, Inc.

Block 10

V  
Ellis, Carolyn J.  
5371 Greenback  
San Jose, CA 95118

Delete

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