## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000002282

FILED Mar 27, 2007 Secretary of State

Entity Name: THE FREE METHODIST FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 8050 SPRING ARBOR ROAD SPRING ARBOR, MI 49283 **Current Mailing Address: New Mailing Address:** P.O. BOX 580 SPRING ARBOR, MI 49283 FEI Number: 73-1317073 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEHMAN, RICHARD 5321 SHARON TRAIL LAKELAND, FL 33810 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KURTZ. DANIEL A Name: Name: 3551 TIMBER LANE DRIVE Address: Address: City-St-Zip: JACKSON, MI 49203 City-St-Zip: Title: DVC () Delete Title: CD (X) Change ( ) Addition GOODNIGHT, DAVID R Name: GOODNIGHT, DAVID R Name: Address: 4911 228TH SE Address: 4911 228TH SE City-St-Zip: BOTHELL, WA 98021 City-St-Zip: BOTHELL, WA 98021 Title: () Delete Title: DVC (X) Change ( ) Addition LEENHOUTS, NORMAN P KILLINGER, PAUL R Name: Name: Address: 10 KNOLLWOOD DR Address: 611 W. SUVANNA CT. City-St-Zip: ROCHESTER, NY 14618 City-St-Zip: DUNLAP, IL 61525 Title: ( ) Delete Title: () Change () Addition Name: GANTON, LLOYD G Name: Address: 7373 CARTER ROAD Address: City-St-Zip: SPRING ARBOR, MI 49283 City-St-Zip: Title: () Delete Title: () Change () Addition ADAMS, LINDA J Name: Name: 255 LINDEN ST Address: Address: City-St-Zip: ROCHESTER, NY 14620 City-St-Zip: Title: () Delete Title: () Change () Addition COLLINS, EVAN R Name: Name: Address: 302 ALSTON RD Address: SANTA BARBARA, CA 93108 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL A. KURTZ T 03/27/2007