

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002282

FILED
Apr 03, 2009
Secretary of State

Entity Name: THE FREE METHODIST FOUNDATION, INC.

Current Principal Place of Business:

8050 SPRING ARBOR ROAD
SPRING ARBOR, MI 49283

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 580
SPRING ARBOR, MI 49283

New Mailing Address:

FEI Number: 73-1317073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHMAN, MARGE
5421 SHARON TRAIL
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: KURTZ, DANIEL A
Address: 3551 TIMBER LANE DRIVE
City-St-Zip: JACKSON, MI 49203

Title: CD () Delete
Name: GOODNIGHT, DAVID R
Address: 4911 228TH SE
City-St-Zip: BOTHELL, WA 98021

Title: DVC () Delete
Name: KILLINGER, PAUL R
Address: 611 W. SUVANNA CT.
City-St-Zip: DUNLAP, IL 61525

Title: D () Delete
Name: GANTON, LLOYD G
Address: 7373 CARTER ROAD
City-St-Zip: SPRING ARBOR, MI 49283

Title: D () Delete
Name: ADAMS, LINDA J
Address: 255 LINDEN ST
City-St-Zip: ROCHESTER, NY 14620

Title: D () Delete
Name: COLLINS, EVAN R
Address: 302 ALSTON RD
City-St-Zip: SANTA BARBARA, CA 93108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KENDALL, DAVID W
Address: 1501 CHICAGO DRIVE
City-St-Zip: GREENVILLE, IL 62246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date