

# 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